CREATING COHESIVE, EQUITABLE, AND STAKEHOLDER-DRIVEN SCHOOL MENTAL HEALTH REFERRAL PATHWAYS

Tuesday January 22nd, 2019
3:30 pm - 4:10 pm
WELCOME!
What are you curious about?

What information do you need to feel grounded in your work?

Excited for or about?

What is causing concern?
"WE'RE NOT SUPPOSED TO SPEND OUR TIME LIVING TO HEAL, WE'RE SUPPOSED TO HEAL TO LIVE."

- Nkem Nlefo
What do school mental health referral pathways look like, and how might we integrate that framework into our current practices and policies to ensure our students’ health is supported?
Why & The What
SCHOOL MENTAL HEALTH REFERRAL PATHWAYS

The series of actions or steps taken after identifying a youth with a potential mental health issue.

Formalized & effective systems that refer youth to mental health service providers and related supports.
GUIDING OUR WORK THIS AFTERNOON:

NITT SCHOOL MENTAL HEALTH REFERRAL PATHWAY TOOLKIT (2015)

HTTP://TINYURL.COM/SMHRPTOOLKIT
Effective referral pathways share similar characteristics:

- They define the roles and responsibilities of all partners in a system.

- They clearly articulate procedures for managing referrals within and between partners.

- They share information across partners in an efficient manner.

- They monitor the effectiveness of evidence-based interventions provided by and with all partners within a system.

- They make intervention decisions collaboratively with a priority on what is best for and with young people and their families.
Student needing support

- Teacher
- Peer
- Family member
- School counselor
- Community-Based Mental Health Provider
- School Psychologist
- PSW
- Nurse
- Assistant principal
- Other?
Practices, policies, procedures → School environment culture → Student Learning, Feeling, Being, Outcomes
## Form Follows Function

<table>
<thead>
<tr>
<th></th>
<th>Traditional Justice</th>
<th>Positive Youth Justice</th>
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<tbody>
<tr>
<td><strong>Target</strong></td>
<td>Youth deficits</td>
<td>Youth strengths</td>
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<tr>
<td><strong>Goal</strong></td>
<td>Control</td>
<td>Attachment</td>
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<tr>
<td><strong>Strategy</strong></td>
<td>Deter and provide treatment</td>
<td>Connect and engage</td>
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<tr>
<td><strong>Tactics</strong></td>
<td>- Sanctions</td>
<td>- Re-establish youth bonds with community</td>
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<td></td>
<td>- Supervision</td>
<td>- Connect youth and family with pro-social activities</td>
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<td>- Services</td>
<td>- Build on youth assets and interests</td>
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(Model by Jeffery Butts, John Jay College)
The HOW
6 KEY PRINCIPLES OF TRAUMA-INFORMED SCHOOLING EXPERIENCES

- Empowerment, Voice, and Choice
- Collaboration andMutuality
- Peer Support
- Safety
- Transparency and Trustworthiness
- Cultural Humility

Visual by Overstreet, 2017
SAMHSA (2014)
“Trauma and the meaning making process of it is socio-culturally bound, meaning that while many might suggest schools and the learning environment to be a place for a young person to make meaning of his or her own living context, the way in which teachers might expect him or her to do so is culturally charged.”

de Jong, J. T. V. M.

“Teachers’ cultural competence encompasses much more than ever before.

In addition to the traditional considerations related to culture (ethnicity, race, customs, beliefs, values, religion, and language differences), teachers must now consider the ‘cultural’ aspects and the impact of trauma and the effects it has on student learning and achievement.”

(Stuart, 2007, p.16)
THE BRAIN & TRANSITIONS

Brain Stem: Am I safe?

Limbic System: Am I loved?

NeoCortex: What can I learn from this?
CULTURAL DETERMINANTS OF HELP SEEKING
(ARNULT, 2009)

• Interpretations of Meaning
  • Culturally-specific explanations about how health and wellness are achieved, as well as the causes of distress and illness.
  • Three interpretations (Robbins and Kirmayer, 2001)
    • A somatic interpretation is the attribution of a physical sources of wellness or distress
    • A psychological interpretation is about emotional sources
    • An environmental interpretation posits social or physical environment sources
  • Social significance

• Social Context Dynamics
  • Availability of resources (group-oriented vs individual oriented)
  • Exchange rules (reciprocity vs autonomy)
Cultural Models of Wellness and Distress

- Interpretations of Meaning
  - Causal Attributions
  - Social Significance

- Social Context Dynamics
  - Availability of Resources
  - Exchange Rules

- Help Seeking

Cultural Determinants of Help Seeking Model
Directions of Attachment

(Dr. Chris Blodgett, CLEAR Center)

- **Dismissing-avoidant**: I can’t rely on you, so I only rely on me.
- **Secure Attachment**: I can rely on me and I can rely on you.
- **Disorganized**: I’m not okay with you and I’m not okay without you. My fear is unsolvable.
- **Preoccupied Ambivalent**: I can’t rely on me, so I rely on you.

View of Self is positive

View of Self is negative

View of others is positive

View of others is negative

View of Self is Negative
“TRAUMA IS NOT WHAT HAPPENS TO US, BUT WHAT WE HOLD INSIDE IN THE ABSENCE OF AN EMPATHETIC WITNESS.”

— Peter A. Levine
Voice + SMHRPs
ROGER HART’S LADDER OF PARTICIPATION

**RUNG 8 - Youth initiated shared decisions with adults:** Youth-led activities, in which decision making is shared between youth and adults working as equal partners.

**RUNG 7 - Youth initiated and directed:** Youth-led activities with little input from adults.

**RUNG 6 - Adult initiated shared decisions with youth:** Adult-led activities, in which decision making is shared with youth.

**RUNG 5 - Consulted and informed:** Adult-led activities, in which youth are consulted and informed about how their input will be used and the outcomes of adult decisions.

**RUNG 4 - Assigned, but informed:** Adult-led activities, in which youth understand purpose, decision-making process, and have a role.

**RUNG 3 - Tokenism:** Adult-led activities, in which youth may be consulted with minimal opportunities for feedback.

**RUNG 2 - Decoration:** Adult-led activities, in which youth understand purpose, but have no input in how they are planned.

**RUNG 1 - Manipulation:** Adult-led activities, in which youth do activities directed without understanding of the purpose for the activities.

Non-Participation
Manipulation and Tokenism
Young people’s contributions are:
• Co-opted by adults
• Solicited only to satisfy a mandate or ideal
• Not meaningful, but used to promote the project (i.e. a photo opportunity)
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Young people’s contributions are:
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Simple Participation
Contributors and Informants
Young people are:
• Surveyed or asked for opinions
• Engaged in only small components of a program
• Asked to contribute to youth-focused initiatives
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Simple Participation
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Advanced Participation
Collaborators and Decision Makers
Young People are:
• Active members of program committees
• Asked to create and define projects that impact youth and adults
WHAT MIGHT THIS LOOK LIKE?
ENGAGEMENT & SMHRPs
Data Driven Practices.

Tiered Supports.

Partnerships.

All Staff.

What exists? Where are there gaps?

Which students does the current dance benefit, and which students does the current dance harm?

Cross system!

Youth/Student led?

Racially just?

Prevention AND intervention

Evidence based?

Fidelity?
<table>
<thead>
<tr>
<th>Participation</th>
<th>Rungs of Youth Voice</th>
<th>Wellness &amp; Support Systems</th>
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</thead>
<tbody>
<tr>
<td>Young people and adults share decision-making</td>
<td>Young people have the ideas, set up the project and invite adults to join them in making decisions throughout the project. They are equitable partners.</td>
<td>Young people actively identify their own wellness and support system needs, approaches, and services and invite adults to partner with them throughout the process. Any adult action is youth-centered and responsive.</td>
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<tr>
<td>Young people lead and initiate action</td>
<td>Young people have the initial idea and decide on how the project is to be carried out. Adults are available and trust in the leadership of young people.</td>
<td>Young people initially identify a/their wellness and support system need(s) and then determine which services and approaches they would like to access.</td>
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<tr>
<td>Adult-initiated, shared decisions with young people</td>
<td>Adults have the initial idea, and young people are involved in making decisions, planning and implementing the project.</td>
<td>Adults initially identify the wellness and support system need(s) of young people, and young people are involved in making decisions around the response to those needs.</td>
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<tr>
<td>Young people are consulted and informed</td>
<td>Adults design and facilitate the project and young people’s opinions are given weight in decision-making. Young people receive feedback about their opinions.</td>
<td>Adults design and facilitate the referral pathways, processes and policies related to young people’s wellness and support systems. Young people are asked for their opinions based on their lived experiences; they receive feedback about their lived experiences (validating or invalidating their opinions).</td>
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<tr>
<td>Young people assigned but informed</td>
<td>Adults decide on the project and young people volunteer for it. Young people understand the project and adults respect their views.</td>
<td>Adults design and facilitate the referral pathways, processes, and policies related to young people’s wellness and support systems and young people volunteer to participate in some or all of the steps of the processes and policies. Adults ensure that there are structured opportunities to check for youth [and their families’] understanding of the process, policies, and pathways in place regarding youth wellness and support systems. Adults create and drive a wellness and support system reform initiative or project; adults select [which] young people [should be] to be a part of the implementation.</td>
</tr>
<tr>
<td>Non-participation</td>
<td>Quality of Participation or Consent</td>
<td>Rungs of Youth Voice</td>
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<tr>
<td></td>
<td>Tokenism</td>
<td>Young people are given a limited voice and little choice about what they say and how they can communicate.</td>
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<tr>
<td></td>
<td>Decoration</td>
<td>Young people can take part in an event in a very limited capacity and have no role in decision-making</td>
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<tr>
<td></td>
<td>Manipulation</td>
<td>Adults have complete and unchallenged authority to abuse their power. They use young people’s ideas and voices for their own gain.</td>
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<tr>
<td></td>
<td></td>
<td>Adults share young people’s wellness and support system needs &amp; information without permission.</td>
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And, it’s messy.
Green, yellow, red lights

What are some of the challenges we face? In our own practices and belief systems? What needs to be disrupted?

Now after our learning, what might we need to be more intentional about when it comes to leading and managing school mental health referral pathways?

What should we keep doing? Start doing? What excites us?
1 Consider the Ladder of Youth Participation and Wellness Schema chart (handout).

2 Discuss:
- Which level of the ladder is our project/program/activity/practice/interaction on, and why? Who benefits? Who loses?
- Which level of the ladder do we aspire to be on, and why? Who benefits? Who loses?
- If we want to move to another rung of the ladder so that it meets our mission, vision and outcomes, what do we need to do?

3 Be prepared to share your discussion.
How do we know what we know and account for complex, often times competing, and diverse needs?
I discovered...
I re-learned...
I was surprised to learn...
I forgot that...
I noticed that...
I plan to...
I will tell colleagues about...
THANK YOU.

Leora Wolf-Prusan – Director of Partnerships & Learning – Lwolf@cars-rp.org


- https://www.pbis.org/Common/Cms/files/pbisresources/Family%20Engagement%20in%20PBIS.pdf