

Comprehensive Children's Mental Health Services: A Public Health Perspective

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Goals for Today



Participants will

- Understand a rationale for comprehensive mental health services using a public health model
- Know components of public health-based comprehensive mental health services
- Know how to develop and implement a public health assessment
- Know types of public health interventions

Workshop Outline



- Introduction
- Rationale for comprehensive services/public health
- A continuum of care
- Problem-solving in population-based services: Problem identification and analysis
 - Descriptive Epidemiology
 - Analytic Epidemiology
- Problem-solving in population-based services: Plan implementation
 - Advocacy
 - Education
 - Empowerment
 - Coordination
 - Training
- Summary and Closing

Your First Task



Your superintendent is receiving criticism from parents and the media because of the number of students _____ing in the schools. She decides that the issue is a mental health problem and commissions you to deal with it. Knowing that you are valuable and busy, she agrees to release you 6 hours a week to build a program. What is the issue? What do you do?

Why Comprehensive Services? Why Public Health?



- National Policy
- The Future of School Psychology
 - Indianapolis National Invitational Conference on the Future of School Psychology
 - School Psychology: A Blueprint for Training and Practice III
- Increasing our value and saving administrators' jobs

The National Policy Context



- *Report of the Surgeon General's Conference on Children's Mental Health* (U.S. Public Health Service, 2000)
- *APA Working Group on Children's Mental Health* (Tolan, Anton, Culbertson, Katz, & Nelson-Le Gall, 2001)
- *Achieving the Promise: Transforming Mental Health Care in America* (President's New Freedom Commission on Mental Health, 2003)

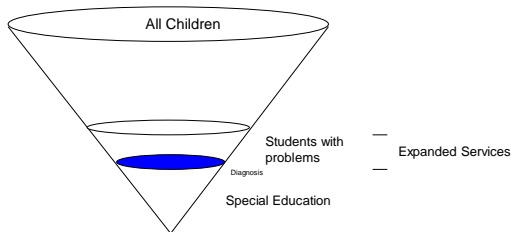
Comprehensive Children's Mental Health Services

(Nastasi, 2004)



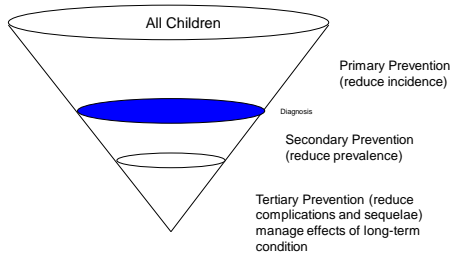
- Integrated public health-public education model
- Policy change at national, state, and local levels
- Mental health promotion as key component
- Continuum of mental health services
- School-based or school-linked facilities
- Staff development program on mental health
- Surveillance system for mental health problems
- Network of community agencies
- Increase in or modification of roles of mental health staff
- Partnerships with parents
- Formative research
- Evidence-based programs

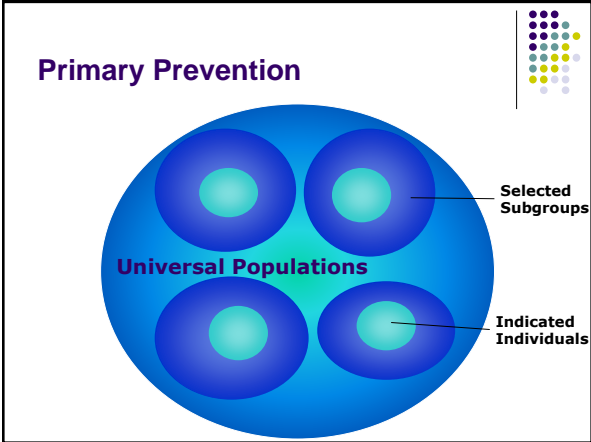
Traditional Continuum of Care in School Psychology



Levels of Services

(Commission on Chronic Illness, Institute of Medicine, 1957)





- ### Universal Prevention
- Target: Entire population
 - Nation
 - State
 - Neighborhood or Community
 - School or School District
 - Purpose: To prevent or deter onset by broadly addressing causal factors. The entire population is considered at risk.
 - Requires no identification procedures

- ### Selected Prevention
- Target: Subgroup that exhibits some causal factor that increases vulnerability, regardless of the degree of risk of any individual within the group.
 - Geographic location
 - Age or grade level
 - Sex
 - SES
 - Purpose: To prevent or deter onset by addressing causal factors for the group.
 - Requires no or minimal identification procedures.

Indicated Prevention



- Target: Individuals who are exhibiting early signs of problem (signs depend on problem).
 - Failing students (dropouts)
 - Behavior problems (conduct disorders)
 - Withdrawn students (depression)
- Purpose: To prevent or deter onset by addressing causal factors for identified students.
- Requires a screening process, referral system, or other identification procedure.
- Most 'indicated' are part of a selected subpopulation group.

Using the target your group previously identified, answer the following.

- What group would you use at the universal prevention level?
- What group would you use at the selected prevention level?
- What group would you use at the indicated prevention level? How would you identify them?



So. You Have an Assignment. How Do You Want to Deal with It?



- I want to prevent the problem from happening.
- I want to catch the problem early and keep it from getting worse.
- I understand that the problem is significant and difficult to deal with. I want to make sure that people with the problem manage as well as they can.

And At What Level?



- I want to put a program in place that serves everybody in the target location.
- I want to put a program in place that serves vulnerable groups in the target location.
- I want to put a program in place that serves students in the target location that show early signs of the problem.

Determining Level of Service: Decision Guidelines



- Prevalence
 - 40%-school-wide (Sugai, Sprague, Horner, & Walker, in press)
 - <5%-specialized group intervention
- Incidence
- Severity and costliness of consequences
- Resources

Problem-solving Consultation Applied to Prevention



- Problem Identification
- Problem Analysis
 - Determine the extent and site of the target
 - Determine level of prevention
 - Identify causes and paths
- Identification and Selection of Interventions
- Implementation of Interventions
- Evaluation



Problem Identification and Analysis: Epidemiology



Functions of Epidemiology

(Kleinbaum, Kupper, & Morgenstern, 1982; Costello, Burns, Angold, & Leaf, 1993)

- **Describe** health status of populations by counting cases, identifying patterns of distribution, and noting trends
- **Explain** etiology and genesis by identifying causes and paths
- **Predict** which groups are at risk, and which are protected
- **Control** distribution by preventing new cases, eradicating existing cases, and improving the life of those afflicted



Types of Epidemiology

- Descriptive – defining, quantifying, and specifying the target condition
- Analytic – explaining the target condition in terms of predictive factors

Problem Identification in Comprehensive Children's Mental Health Services:
Descriptive Epidemiology



- WHAT - define clearly the condition
- WHEN - the time frame for its occurrence
- WHERE - the setting or location of the condition
- WHO - the characteristics of individuals experiencing the condition

Problem Analysis in Comprehensive Children's Mental Health Services:
Analytic Epidemiology



Building the Model: the HOW

- Identify risk and protective factors assumed to be associated with outcome of concern.
- Measure them.
- Determine their relationship with the outcome of concern.
- Revise logic model to reflect the actual situation.

Problem Identification: Prevalence



Probability of occurrence of any characteristic in a population in a given period of time

$$\text{Prevalence rate} = \frac{\text{New and existing cases in a time period}}{\text{Population in the same time period}} \times 10n$$

Problem Identification: Incidence



Probability of occurrence of new cases of any characteristic in a population in a given period of time

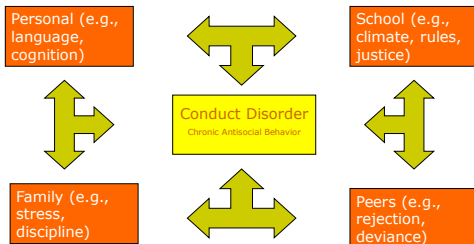
$$\text{Incidence rate} = \frac{\text{New cases in a time period}}{\text{Population in the same time period}} \times 10^n$$

Identifying Predictive (Risk and Protective) Factors



- Survey the research literature related to your issue.
- Use your professional knowledge of the population.
- Listen to important participant informants.
- Pay attention to the media and policy makers.

Psychosocial Covariates of Conduct Disorder (adapted from Short & Shapiro, 1993)



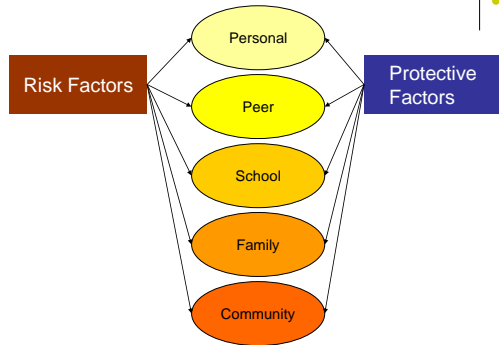
Risk And Protective Factors for Substance Abuse

(Hawkins, 1992)



Risk Factors	Domain	Protective Factors
Sensation-seeker	Individual	Successful student
Child of drug user		Bonds with family
No supervision	Family	Consistent discipline
Parent/sibling drug use		Anti-drug family rules
Pro-drug use norm	School	Anti-drug use norm
Availability of drugs		High academics
Crime/poverty	Community	Consistent anti-drug message
No afterschool programs		Strong law enforcement

Building the Model: Analytic Epidemiology



Common Personal Factors



- Academic competence
- Alcohol or drug abuse
- Alienation
- Attendance of religious services
- Creativity
- Discipline problems
- Frequent absences or tardies
- Frequent physical and emotional problems
- Grade retention
- Healthy diet and exercise
- Involvement in structured activities
- Language problems
- Motivation in school
- Peer and social connections
- Peer relationships
- Reading problems
- Relationship with a caring adult
- Self-concept
- Service to others
- Social isolation
- Social/interpersonal competence
- Stress
- Study and work habits
- Vocational competence

Common Family Factors



- Parent(s) did not finish high school
- Unstable home environment (e.g., moves, changes in members)
- Family legal, substance abuse, or mental health problems
- Little or inconsistent discipline/supervision
- High stress in home
- Lack of essential support and resources
- Parental high expectations for their children
- Parent knowledge of parenting and child development
- Family cohesiveness and attachment

Common School Factors



- Expectations of students
- Flexibility and fairness of rules
- Social justice
- Quality of instruction
- Social climate
- School and classroom organization
- Essential resources and support
- Opportunities for student involvement
- School safety
- Teaching Quality
- Caring and vigilant adult supervision

Common Neighborhood/ Community Factors



- Prosocial norms
- Organization/integration
- Availability of illegal activities/substances
- Essential resources and support
- Structure and supervision
- Neighborhood safety
- Caring and vigilant supervision

Testing the Model: Analytic Epidemiology



- Existing Data
- Surveys
- Observations
- Checklists
- Interviews
- Tests

An Example: School Failure



- What proportion of students fail?
- Is the proportion increasing or decreasing?
- What risk and protective factors exist in relation to failure?
- What unique problems and resources are available?

Practice



Your school system has 3 high schools. Austin High has 417 students, Houston High has 864, and Lamar has 566. Over the past 5 years, the number of cases of your issue was as follows.

School	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006
Austin	87	92	97	107	120
Houston	111	115	144	139	110
Lamar	66	65	60	60	59
Total	264	272	301	306	289

1. What is the prevalence of your issue over the 5-year period?
2. What is the incidence of your issue over the 5-year period?
3. What level of services would you recommend?
4. Should your interventions be system-wide?

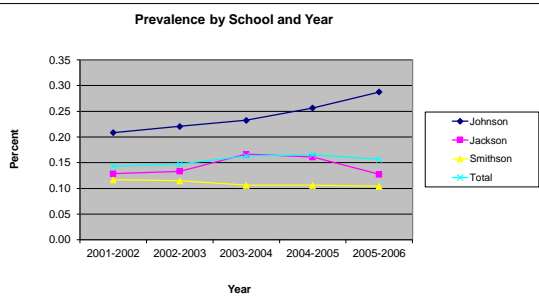
Results



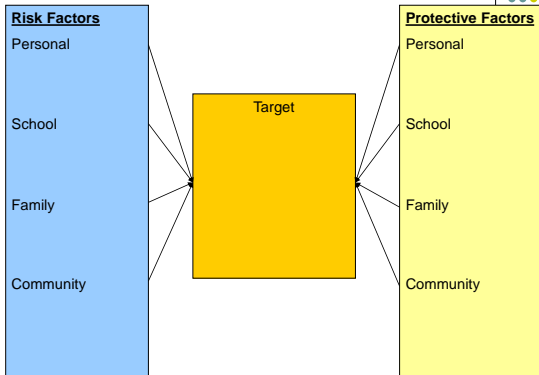
School	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	Mean	New Cases
Austin	87	92	97	107	120	100.60	33
Houston	111	115	144	139	110	123.80	34
Lamar	66	65	60	60	59	62.00	0
Total	264	272	301	306	289	286.40	42

School	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	Prevalence	Incidence
Austin	0.21	0.22	0.23	0.26	0.29	0.24	0.08
Houston	0.13	0.13	0.17	0.16	0.13	0.14	0.04
Lamar	0.12	0.11	0.11	0.11	0.10	0.11	0.00
Total	0.14	0.15	0.16	0.17	0.16	0.16	0.02

Prevalence by School and Year



Practice



**Plan Implementation in Comprehensive
Children's Mental Health Services:
Interventions with Populations**



- Policy and Advocacy
- Public Education
- Information and Empowerment
- Coordination of Services
- Training of Service Providers

Thanks!



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