

What Matters Most.....Health (in this case, mental health)

School Board Workshop

The School District of Palm Beach County


Presented by

**PBC School Health Advisory Council
(SHAC)**

October 10, 2012



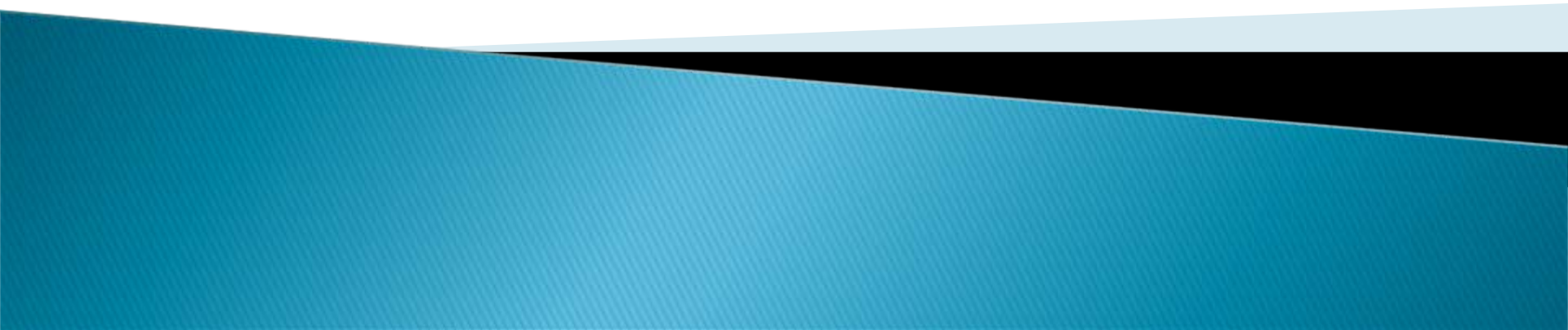
Workshop Agenda

- ▶ The Community Speaks – Dr. Mike Feinstein
 - ▶ SHAC Survey Results – Dr. Seth Bernstein
 - ▶ School District Data Alignment – Dr. Joseph Lee
 - ▶ Current Programs and Gaps – Mr. Keith Oswald
 - ▶ Moving Forward – Dr. Marsha Fishbane
 - ▶ Recommendations – Mrs. Judith Klinek
 - ▶ Questions and Discussion – Board Members
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“The Community Speaks”


Mike Feinstein, M.D.
Program Director
American Lung Association




Workshop Purpose: to establish that significant concerns exist and need to be addressed in order to provide a safe school environment for all students.

Goal: to support student success through school programs and activities that continually improve student connectedness, safety, and a reduction in bullying and involve closer collaboration with parents and the greater community.

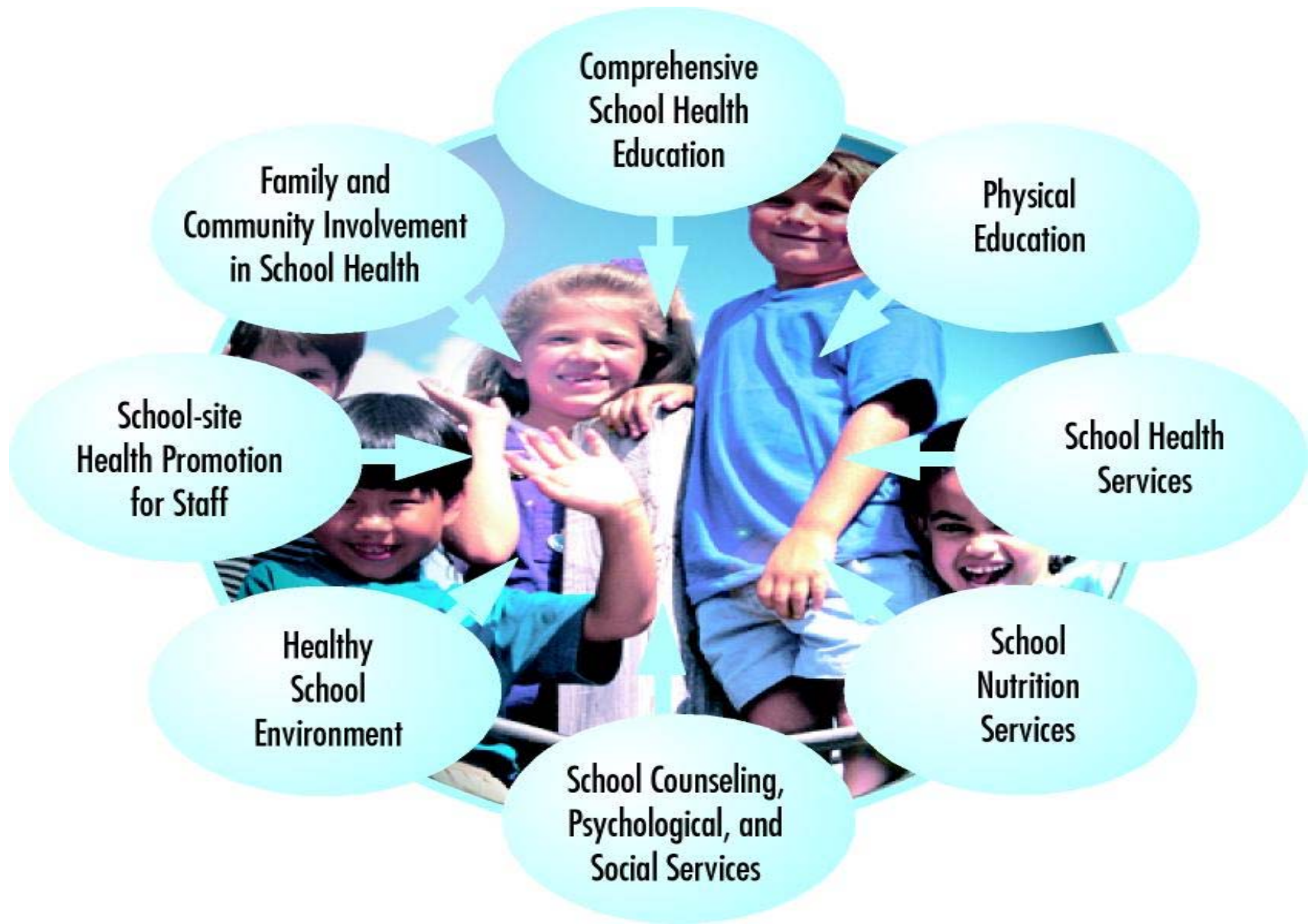
School Health Advisory Councils or Committees (SHAC)

- ▶ Were established by Florida Statute in the School Health Services Act, 1973.
 - ▶ Serve to involve parents and communities in the health and education of children.
 - ▶ Assist local health and education programs to plan services that meet the intent of the law and also reflect community values.
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SHAC Membership

- ▶ Composed of a broad cross-section of parents, business and community leaders, school and health representatives.
 - ▶ Based on the eight components of the Coordinated School Health Model promoted by the Centers for Disease Control (CDC).
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The Coordinated School Health Model



SHAC Goals

- ▶ To support The School District of PBC in promoting policies and programs that provide an environment encouraging healthy nutrition and physical activity in all schools.
 - ▶ To support development and implementation of K-12 comprehensive health education that promotes healthy decision-making for students.
 - ▶ To support the school community in providing programs and initiatives that promote social, emotional, and behavioral health and well-being for students and their families.
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“SHAC Survey Results”

Seth Bernstein, Psy.D.
Program Director
Boys Town



School Health Survey Purpose

- ▶ Survey is developed, conducted and analyzed under auspices of the PBC School Health Advisory Council in conjunction with school health partners – School District of PBC, Health Care District and Health Department – and community partners.
- ▶ Survey is utilized as an important method to assist SHAC in its purpose: to study, identify and evaluate students' health needs and services; to provide input and recommendations for use in formulation and improvement of programs and services.

Survey Methods

- ▶ Questionnaire was developed by the SHAC Mental Health Committee after review of multiple surveys from national, state and local levels.
- ▶ Questionnaire developed for:
 - Staff
 - Students
 - Parents (three languages: English, Spanish, Creole)

Survey Determination/Collection

▶ Sample Determination

Twelve elementary schools selected randomly from all school district areas to represent the diversity of the student population.

- Students, grades 3 and 5
- Parents, grades 3 and 5
- School staff

▶ Data Collection

Student and staff questionnaires hand delivered to schools for distribution and administration.

Parent questionnaires mailed with postage-paid return envelopes during same time period.

Questionnaire completion was voluntary and anonymous.

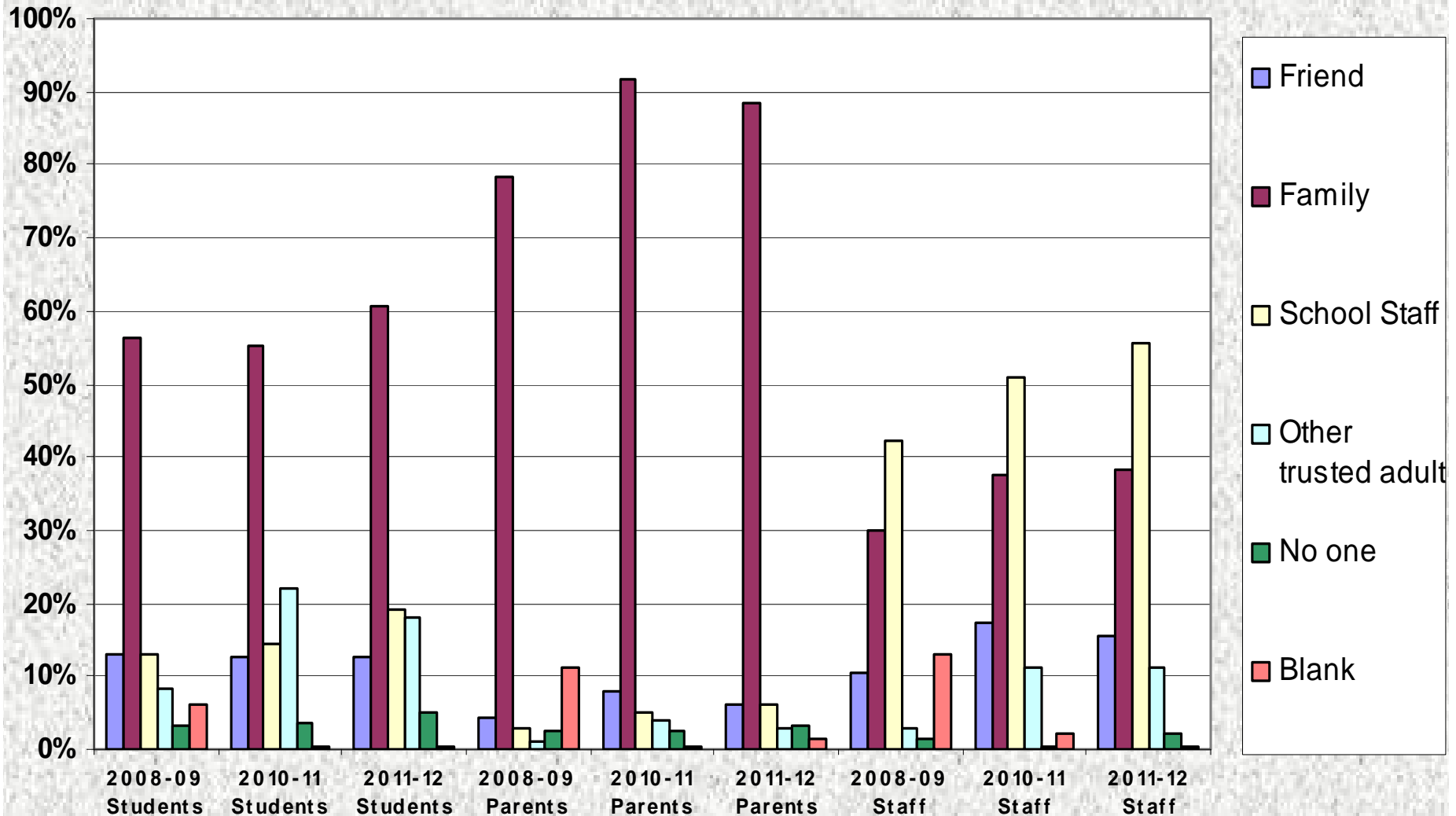
SHAC Survey Response Rate

	Population Surveyed	Respondents	Response Rate 2011-12	Response Rate 2010-11	Response Rate 2008-09
3rd Grade Students	1,525	1,376	90.2%	85.6%	87%
5th Grade Students	1,528	1,373	89.9%	91.4%	82%
3rd Grade Parents	1,335	233	17.5%	20.2%	17%
5th Grade Parents	1,350	248	18.4%	22.9%	21%
Staff	741	397	53.6%	80.1%	60%

SHAC Survey

3rd Grade, SDPBC

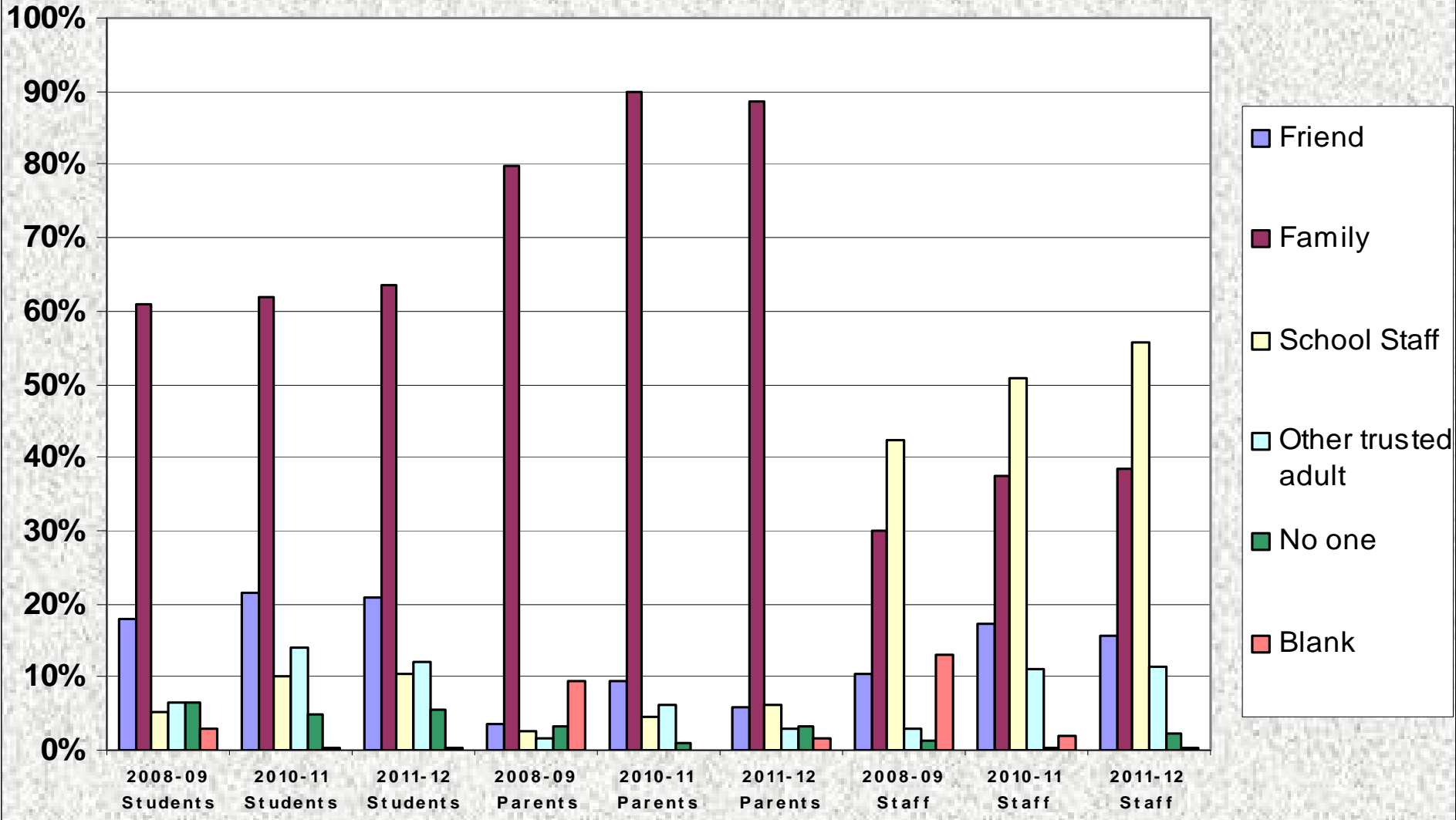
Q1: If you/your child/your students had a problem or were really worried about something, whom would you/your child/they talk to?



SHAC Survey

5th Grade, SDPBC

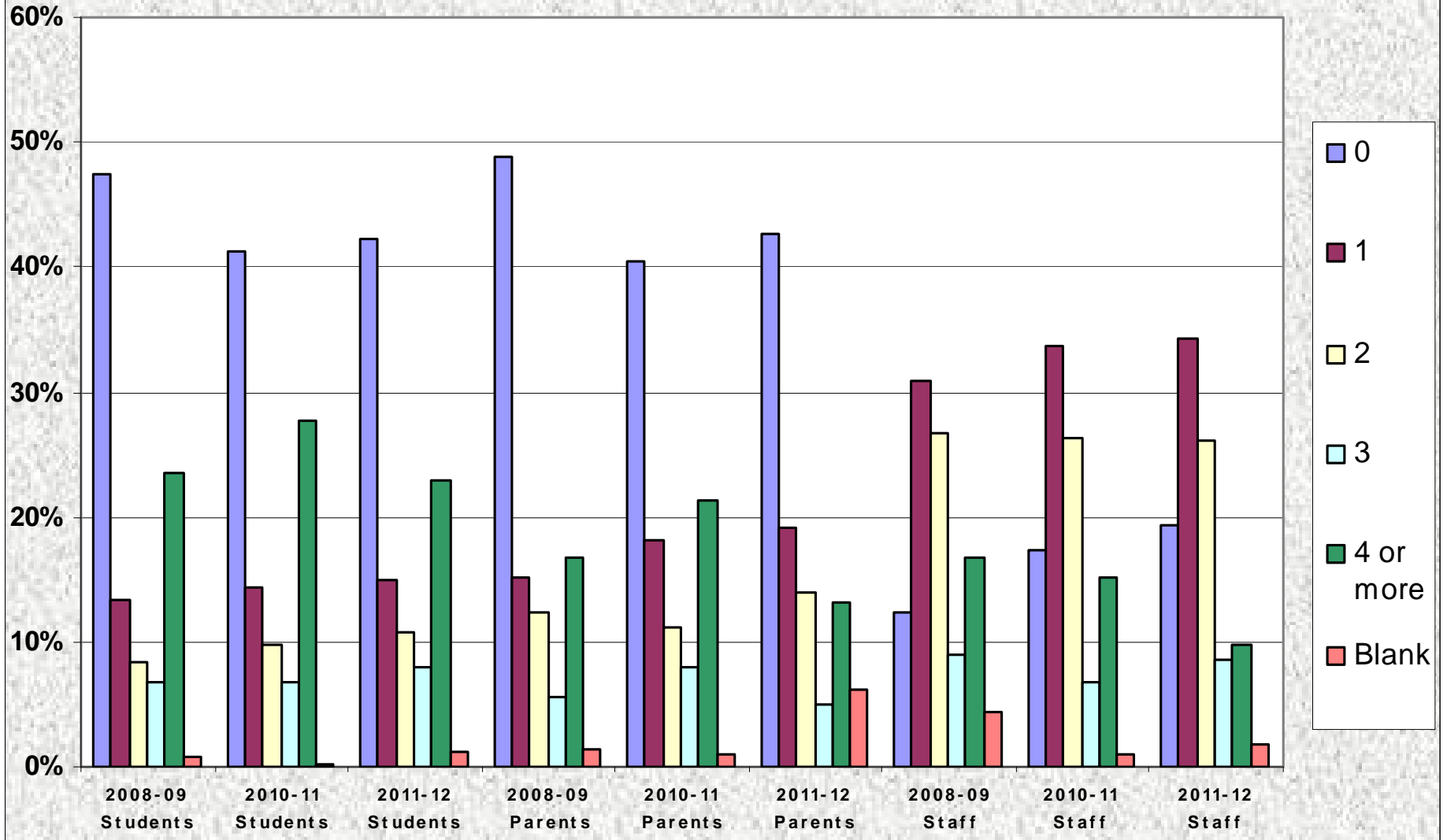
Q1: If you/your child/your students had a problem or were really worried about something, whom would you/your child/they talk to?



SHAC Survey

3rd Grade, SDPBC

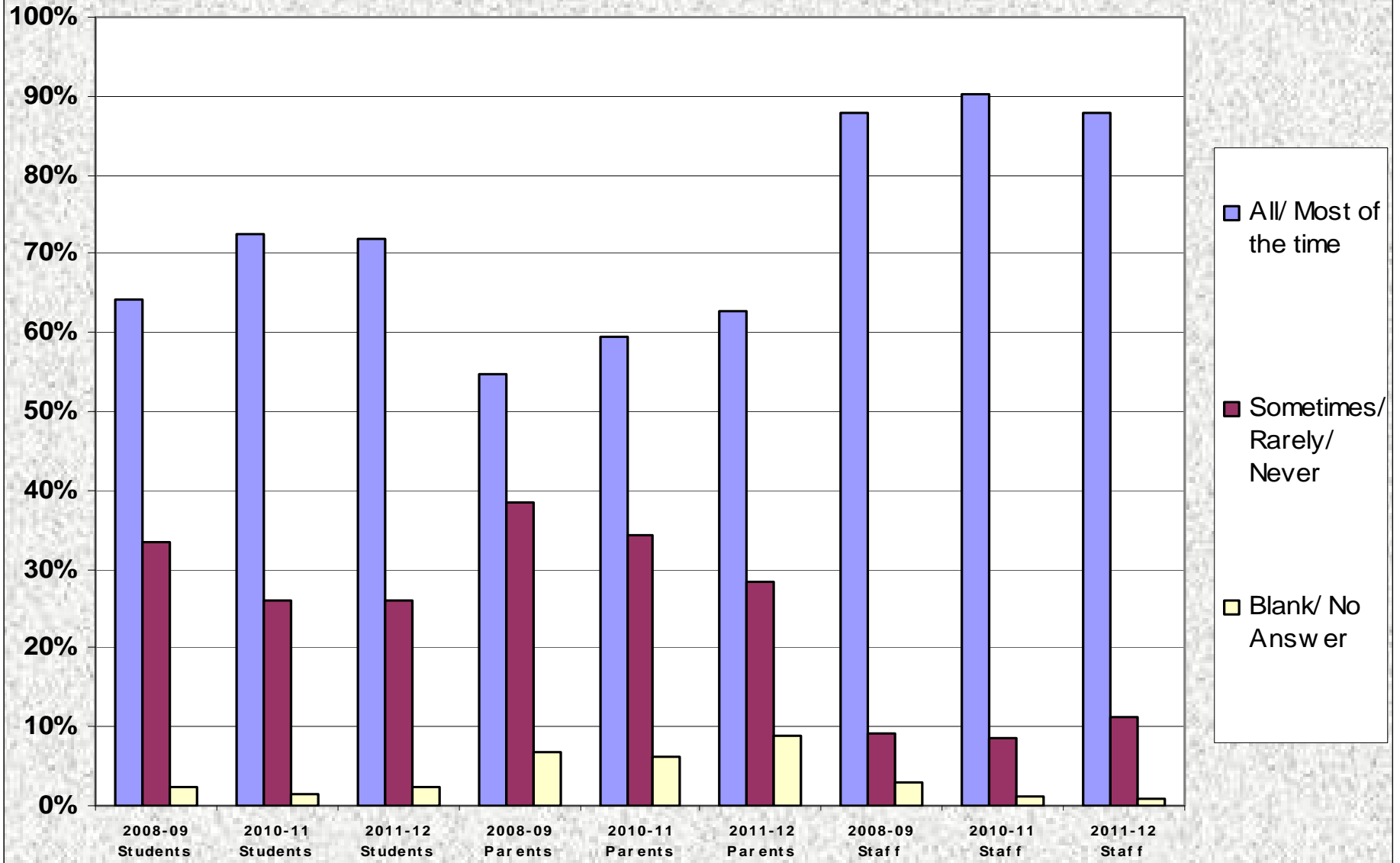
Q3: How many times have you/your child/the average student been bullied by other students?



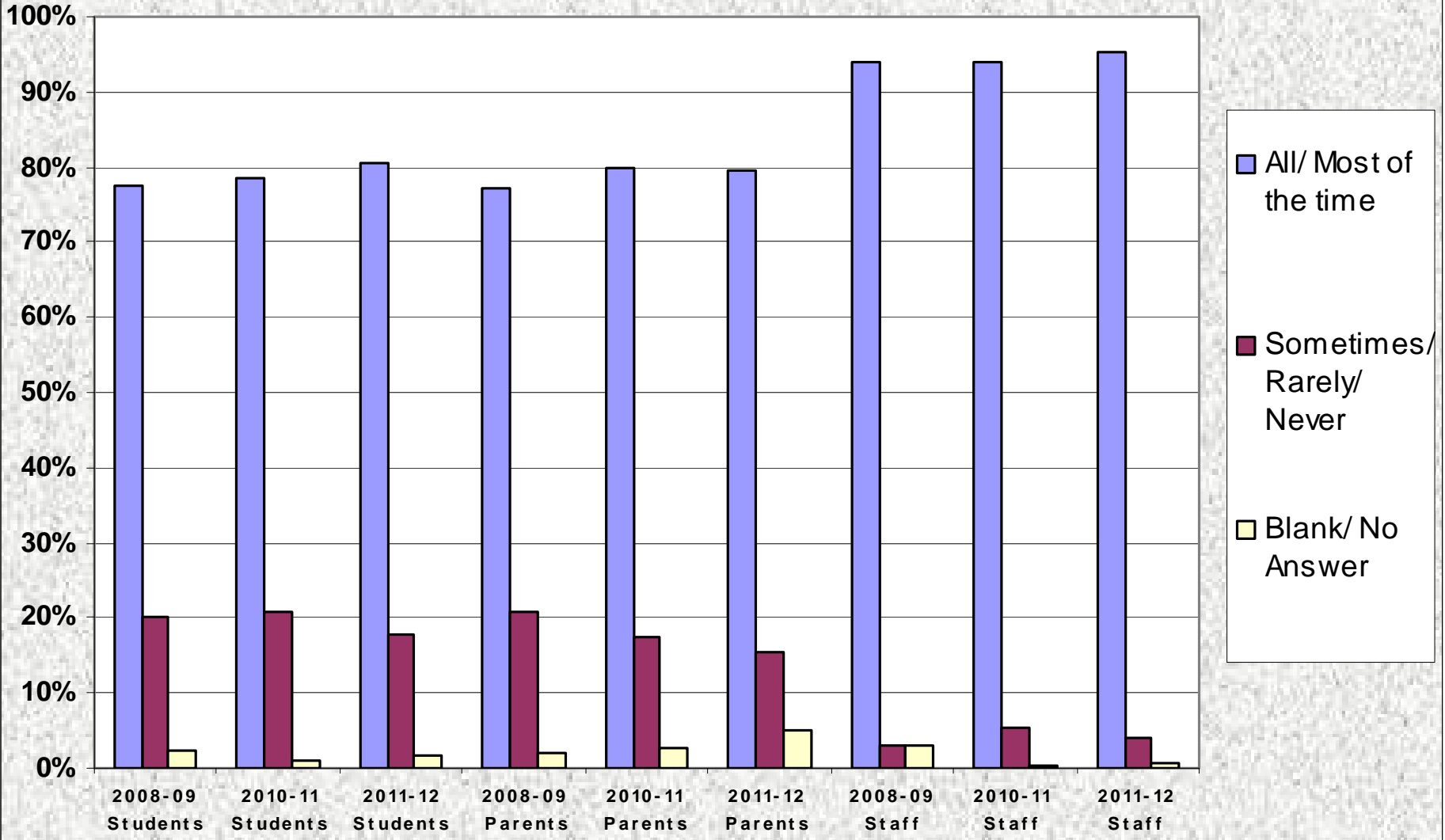
SHAC Survey

3rd Grade, SDPBC

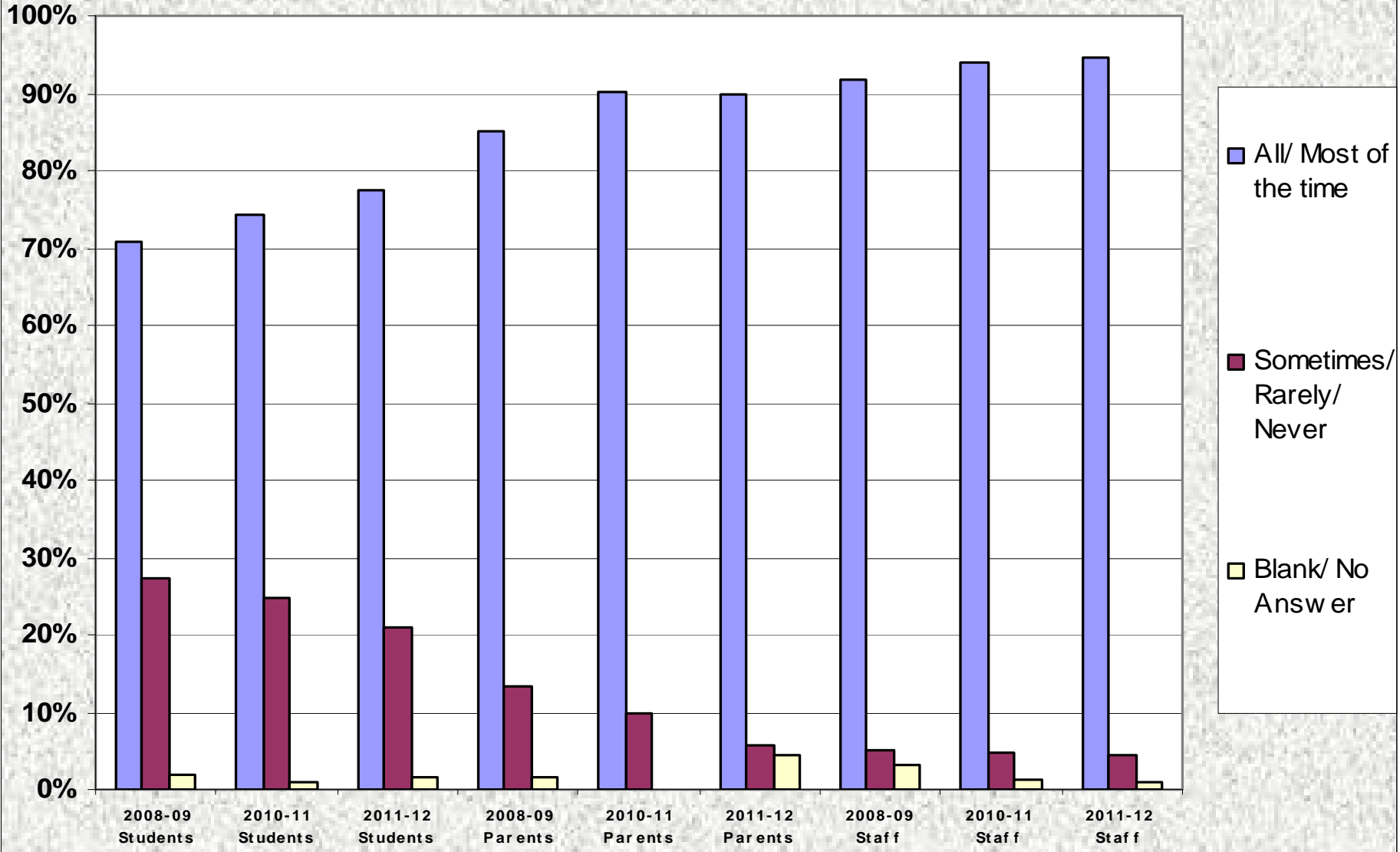
Q4: Do teachers and other adults at school help when someone is bullied?




SHAC Survey **3rd Grade, SDPBC**
Q5: Do teachers and other adults at school really care about
you/your child/students?



SHAC Survey **3rd Grade, SDPBC**
Q7: How often do you/your child/students feel safe at school?



Conclusions from SHAC Survey

- ▶ Bullying – in third grade, about one in four students experiences repeated bullying
 - ▶ Staff connectedness – perceptions of elementary staff and their students differ
 - ▶ Students' safety perceptions – about one in four students does not feel very safe at school
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“School District Data Alignment”

Joseph Lee, Ed.D

Assistant Superintendent

Safety, Culture and Learning Environment


SEQ – School Effectiveness Questionnaire (School Climate)

- ▶ Responses from students and parents covering all PBC schools in 2011
- ▶ **Students – “I feel safe at school.”**
 - 63% strongly or moderately agree
 - 28% slightly agree or disagree
- ▶ **Students – “Students are treated with respect by adults at school.”**
 - 52% strongly or moderately agree
 - 38% slightly agree or disagree

SEQ – School Effectiveness Questionnaire (School Climate)

- ▶ **Parents – “I feel my child is safe at school.”**
 - 87% strongly or moderately agree
 - 10% slightly agree or disagree
- ▶ **Parents – “There is at least one adult at school who knows my child well.”**
 - 74% strongly or moderately agree
 - 22% slightly agree or disagree
- ▶ **Parents – “This school deals with incidents where teasing and/or bullying may have occurred.”**
 - 65% strongly or moderately agree
 - 23% slightly agree or disagree


Youth Risk Behavior Survey (YRBS)

- ▶ The School District of PBC conducts the YRBS every two years in Grades 7 & 8 and high school.
 - ▶ Random selection through 2nd period classes.
 - ▶ The surveys are anonymous and self-reported.
 - ▶ Weighted data (meaning that results can be generalized to make assumptions about all students in PBC) have been obtained every year since 1999.
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YRBS 2011 – High School

- ▶ 15.5% of students had ever been bullied on school property during the past 12 months.
- ▶ 8.2% of students did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school.
- ▶ 25.3% of students felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.
- ▶ 8.5% of students actually attempted suicide one or more times during the past 12 months.

YRBS 2011 – Middle School

- ▶ 39.6 % of students had ever been bullied on school property.
 - ▶ 22.5% of students ever seriously thought about killing themselves.
 - ▶ 8.1% of students ever tried to kill themselves.
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Baker Acts

For Youth Ages 5–17 Years Old:

- ▶ Number of Baker Acts has risen each year at West Palm Hospital for past 5 years, from 972 in 2007 to 1,378 in past SY 2011–12.
- ▶ For school police, the number of Baker Acts has also increased in past 5 years from 131 to 190.
- ▶ Connection between depression and suicide, especially among gay, lesbian, bisexual, and transgender (GLBT) youth

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“Current Programs and Gaps”

Keith Oswald

Assistant Superintendent

Division of Curriculum and Learning Support

Adapted from: Sprague
& Walker, 2004

Individual Intensive

(High-risk students)
Individual
Interventions
(3-5%)

Targeted

(At-risk Students)

Classroom & Small
Group Strategies

(10-20% of students)

Universal

(All Students)

School-wide, Culturally Relevant
Systems of Support
(75-85% of students)

Multi-Tiered Systems of Support


Current SD Programs

Student Intervention Services: address social/emotional/behavioral issues that cause barriers to students' academic progress.

- ▶ Homeless
- ▶ Foster care
- ▶ Alcohol, Tobacco and Other Drug (ATOD) Prevention
- ▶ Character education, including ethics

Current SD Programs

Single School Culture Initiatives: Academics, Behavior & Climate

- ▶ Bullying Prevention
 - ▶ SwPBS (School-wide Positive Behavior Supports)
 - ▶ School-based Teams & RtI (Response to Intervention)
 - ▶ Learning Team Facilitators (LTFs)
- 

Current Programs

Other Programs, Initiatives:

- ▶ Wellness Promotion Task Force
- ▶ School counselors, psychologists, nurses
- ▶ Exceptional Student Education (ESE)
- ▶ Cooperative agreements with 33 community organizations
- ▶ Collaborative partnerships (e.g., PTA, CSC, United Way of PBC, Boys Town, DCF)

Gaps in Services

- ▶ Mental health support for students
 - Prevention
 - Identification and intervention
- ▶ Engagement of families and community
- ▶ Bullying prevention and intervention services
- ▶ Student re-entry to schools from DJJ, DCF, other programs
- ▶ Alternative to Suspension Program
- ▶ Gay Straight Alliance (GSA)
- ▶ School personnel: pre-service and in-service

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“Moving Forward”

Marsha Fishbane, M.D., Sc.M.
School Health Medical Director
PBC Health Department

Why It Matters.....

- ▶ Bullying – not a normal part of healthy child and adolescent development; a form of youth violence associated with serious health and mental health problems
- ▶ 3 Characteristics of Bullying:
 - Unwanted, aggressive behavior
 - Repeated or concern could be
 - Real or perceived power imbalance
- ▶ Public health problem of high prevalence – nationally, 20% of high school students bullied in past 12 months (YRBS, 2011)

Why It Matters.....

Bullying Statistics

- ▶ More youth violence occurs on school grounds as opposed to on the way to school.
- ▶ Peaks in middle school years (around 6th grade).
- ▶ 60% of students with disabilities report being bullied regularly compared with 25% of all students.
- ▶ 9 out of 10 LGBT students experienced harassment at school and online.
- ▶ 16% of high school students were electronically bullied in past year (YRBS, 2011).

Why It Matters.....

- ▶ Risk Factors – no single factor puts a student at risk of being bullied or bullying others.
- ▶ Children at risk of being bullied
 - Perceived as different from their peers (over or underweight, clothing, being new to school,.....)
 - LGBT youth, youth with disabilities, socially isolated youth
- ▶ Children more likely to bully
 - Aggressive, impulsive or easily frustrated
 - Harsh parenting by caregivers
 - Attitudes accepting of violence

Why It Matters.....The Impact


- ▶ Students who are bullied
 - Depression, anxiety, isolation – issues may persist into adulthood
 - Health problems
 - Decreased academic achievement; more likely to drop out
- ▶ Students who bully others
 - Substance abuse in adolescence and as adults
 - Drop out of school; criminal convictions
 - Abusive toward partners and children as adults
- ▶ Student bystanders
 - Increased use of tobacco, alcohol, or drugs
 - More mental health problems (depression, anxiety)
 - Miss or skip school

Bullying Prevention: Opportunities for Integration with Suicide Prevention Efforts

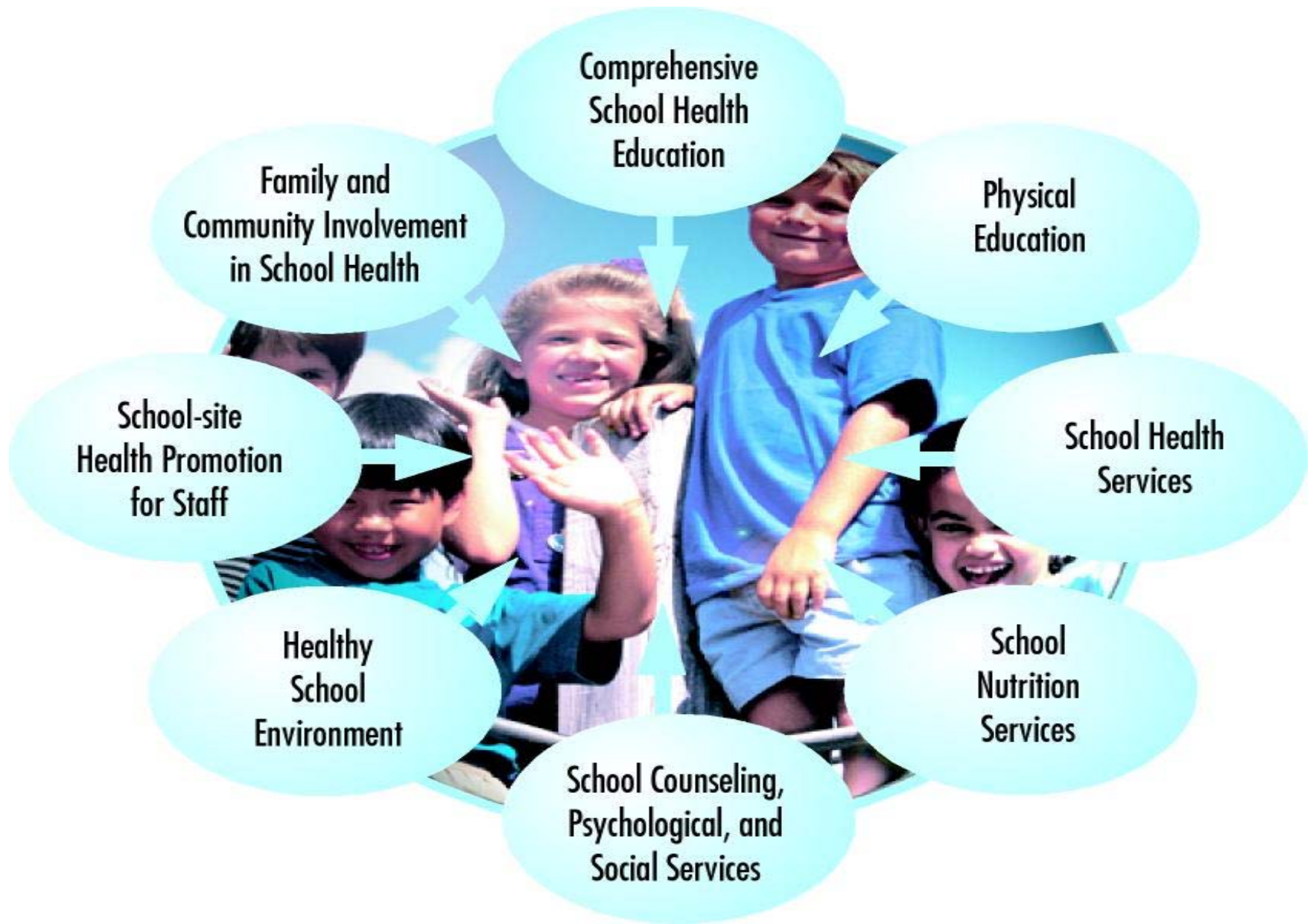
Bullying and suicide prevention share common strategies:

- ▶ *Focus on the school environment*
- ▶ *Family outreach*
- ▶ *Identification of students in need of mental and behavioral health services*
- ▶ *Helping students and their families find appropriate services*

Bullying Prevention

- ▶ Create a coordinated, long-term integrated prevention plan to promote a safe and supportive learning environment and healthy students that is continually improved through evaluation.
 - ▶ Integration of school-based programs and initiatives is critical; utilization of the CDC's "Eight Components – Coordinated School Health Model" is the holistic, appropriate approach.
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The Coordinated School Health Model



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“Recommendations”

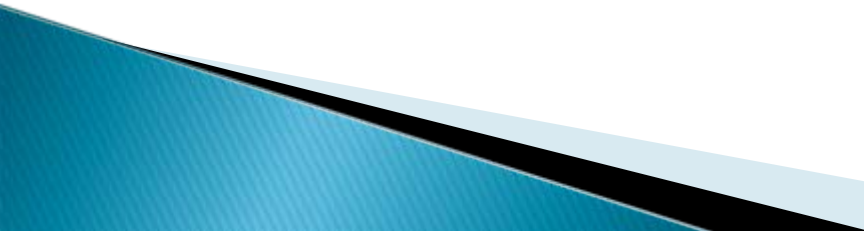
Judith Klinek



Recommendations

- ▶ Training
 - Recognition of mental health/well-being and impact on academics; includes identification and referral (all staff)
 - Baker Act prevention training (school police and administrators)
 - School-based teams have increased emphasis on student social/emotional/behavioral health needs
- ▶ More opportunities for school counselors to follow guidelines of the National School Counselors Association

Recommendations

- ▶ School Improvement Plan – address physical and mental health supports, climate, pro-social skills.
 - ▶ Expand bullying prevention resources to include coordinators or contacts in each area office.
 - ▶ Maintain programs that work (e.g., FACE IT).
 - ▶ Continue school surveys (e.g., school climate, connectedness, YRBS) for measurement.
 - ▶ Expand YRBS to include other questions (e.g., GLBT, caregiving youth).
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Recommendations

New Strategies

- ▶ Establish social/emotional/behavioral intervention pilot project(s) working with selected elementary schools and their communities to demonstrate measurable outcomes.
- ▶ Additional prevention and intervention programs to assist students with evidence-based approach (e.g., Good Behavior Game, Second Step).
- ▶ Dialogue/more communication with community around mental/behavioral health for students and families.

What Matters Most

Thank you

