Martha’s Vineyard Comprehensive School Wellness

Consultation Report

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EXECUTIVE SUMMARY

Per the request of the Martha’s Vineyard Public Schools (MVPS) system, Drs. Matthew Biel and Jeff Bostic, child psychiatry faculty at MedStar Georgetown University Hospital, and Drs. Sharon Hoover and Nancy Lever, Co-Directors of the National Center for School Mental Health (http://csmh.umaryland.edu), conducted a strengths and gaps analysis of the Comprehensive School Wellness (CSW) system for MVPS. Methods included a review of the MVPS system (i.e., history, demographics, policies/procedures, mental health and health resources); surveys from school teams (257 respondents), community providers (38 respondents), families (454 respondents), and students (343 respondents); and virtual and on-site (November 8-9, 2017 and April, 18-20, 2018) key informant interviews and focus groups with school teams (administrators, support staff, educators), school committee members, community health and mental health program leadership, elected officials, law enforcement, families, and students.

The MVPS system has an established record of supporting student wellness, including health and mental health, via internal school and district resources and partnerships with community providers. The MVPS and surrounding community partners demonstrate a commitment to ensuring the safety and well-being of students, with some sites exhibiting very strong school-community partnerships. MVPS could benefit from: a coordinated, empirically-supported universal health promotion curriculum across all schools; enhanced partnerships and communication between schools and community mental health and substance use providers to provide timely and effective mental health services, including on-site consultation and treatment; professional development for educators on mental health identification, referral and support strategies; strengthening youth and family voice and partnerships by promoting effective engagement and collaboration strategies; increased integration of evidence-based health and mental health practices; and increased use of implementation support strategies and data-driven decision making (including collection of academic and psychosocial indicators of program impact).

The report is comprised of two major sections:

1. Findings
   a. Overview of Strengths and Challenges
   b. Survey Data
   c. Key Informant Interviews and Focus Group Data
2. Recommendations
   a. Priority Recommendations
   b. Implementation Timelines
   c. Resources to Support Recommendations
SECTION I

OVERVIEW OF STRENGTHS AND CHALLENGES
HEALTH EDUCATION

• Health education staffing and curricula varies across schools.
• Preparation for high school with respect to social and emotional competencies and wellness curriculum varies by elementary school.

STRENGTHS

• Some schools have structured, well-staffed health education curricula.

  “Physical health, mental health, and substance use topics are all addressed in health class by our health teacher.”

• The Youth Task Force has worked to identify best practices in substance use prevention and intervention in schools.

  “We have a Youth Task Force on the island who has done so much community work around education of parents and other community efforts to reduce drug and alcohol use.”

CHALLENGES/AREAS FOR IMPROVEMENT

• Health education staffing is inconsistent across the schools, with some having full-time health educators and some having no health educator.

  “Our health education curriculum is research-based. We just need more time and staffing.”

  “One challenge is the fact that not all school districts have a health teacher in their building since many health teachers have retired they have not been replaced. In a time when we have more children on medication, and diagnosed with medical and mental health issues, health and wellness should be a high priority.”

  “Not every school has a health teacher to deliver health curriculum adequately.”

• Health Education curricula is inconsistent across island schools, and students enter high school with very different foundations in health education.

  “I believe our Health Program is sort of in flux. I think it would be great to have an evidence based curriculum that is used by all of the Island Schools so that the students are receiving the same information with similar timing.”

  “There is no adequate Health Education Program currently at our school. Health classes are not incorporated into the schedule.”

  “There is no consistency in the district (island-wide) regarding programming. We provide some guidance/health classes to support students, however we are more reactive to the issues of mental health and substance use.”

• Many health education approaches are introduced, without adequate implementation support, fidelity monitoring, and ongoing investment.

1 Italicized comments are direct statements collected during interviews and surveys conducted by the CSW Consultation team.
HEALTH AND MENTAL HEALTH PROMOTION

STRENGTHS

- There are several activities ongoing in the schools to promote health and mental health, including yoga and mindfulness, social emotional learning, nutrition, and healthy living.
- Some MV schools have health classes that include lessons on health, mental health, substance use, healthy relationships, and conflict resolution.
- Some MV schools report well-functioning Wellness Committees and teams that meet regularly and collaborate to support student wellness.
- The private foundation and philanthropy community in Martha’s Vineyard area has demonstrated a longstanding commitment to student wellbeing and is interested in further supporting school wellness.

Health

- All schools report a variety of successful efforts to promote student physical health.

“Students experience recess daily and physical education classes two to three times a week. Students have daily access to fresh fruit for snack.”

“Yoga has been implemented into the school and mindfulness practices. There are after school programs that offer wellness activities as well as early morning "open gym" for the students. We have a school garden curriculum, taste testings of health foods and more!!! We also have staff wellness activities. Honestly, I feel like our school does a great job.”

“We promote positive physical and mental health by offering open gym with our PE teacher each AM with junior high students. We offer a variety of classes through our afterschool program (gardening, cooking, dance, lego club etc..). We have been fortunate to obtain a yoga grant for our k-8 students. Teachers have the option to put this into their schedule.”

“Our school and many on the island strive to provide healthy, whole foods to students. All schools have gardens and gleaning programs to help cafeterias use locally grown foods.”

“Healthy school lunches and school snacks, as well as a strict food policy have been effective.”

“We have a Wellness Committee that meets and has representation from across the school. Over the years, changes have been made that reduced sweets as a treat, increasing other means of celebrations.”

“Our school garden grows vegetables that are used in our lunch program as well as foods introduced by the Island Grown group. Students with food allergies are supported through lunch choices and group snacks.”

- Physical Education is reportedly a strength across all schools.

“Physical education programs are strong in island schools.”

“The physical education program is excellent at our school.”
Mental Health/Substance Use

- Many schools offer a variety of before- and after-school activities and clubs to promote student connectedness and wellness.
- There are efforts made to successfully transition students between grades, particularly at vulnerable developmental stages (e.g., 8th to 9th grade).
- There are several universal mental health approaches being implemented in select schools, including:
  - Social Thinking
  - Responsive Classrooms
  - Connect to End Violence
  - Second Step
- Several outside speakers have provided well-received education to students and staff on specific topics of mental wellness.
- Restorative practices are used at the high school, and discipline approaches are being replaced with restorative approaches.
- Each school has school counselors to support overall student mental wellness.

CHALLENGES/AREAS FOR IMPROVEMENT

- Some schools report lack of collaboration within the school to support student wellness, including lack of a Wellness Committee and individuals working in isolation.

  “The school wide vision is still being developed. As such, people collaborate in pockets but a comprehensive approach has yet to be implemented.”

  “There is very little collaboration as a whole school. It is limited to a few members of the staff.”

- Limited collaboration and learning across MV schools related to Wellness Committees and practices.

  “I truly believe the Wellness Committees in all the schools should collaborate. Every school is doing something different.”

  - Lack of positive after-school activities in certain geographic regions of the Island.
  - High cost of fresh food on island.

  “The largest challenge is the cost of eating clean on island. We have a vast population of children that are on free and reduced lunch. It is difficult for these families to afford healthy food.”

  - Inadequate family knowledge about wellness and nutrition.

  “A challenge is inadequate nutritional knowledge on the part of the parents.”

  “There is low parent attendance at wellness-related informational meetings, presentations, or other opportunities. The school puts forth a strong effort to support student health and wellness, though these values are not always shared in students’ homes.”
“We struggle with getting the parents on board to send in healthy, non-sugar items in their lunches.”

- Limited time allocated to eat lunch or exercise.

“Students across the grades, but especially in grades 2-8 do not have adequate time to eat lunch or exercise (at recess or in gym). Many students have less than 5-8 minutes actual seated time to eat, leaving them to face the whole afternoon of school and after school programing hungry and agitated. Middle school students have only 15 minutes of outside time on a large field with very little to do, but 'hang out' and only one 30 minutes period of gym per week.”

“All students should be allowed the recommended 20 minutes seated time to eat lunch (excluding transition time to and from lunch, time in line to buy lunch, and clean up time.) This is what almost all the research recommends, but very few children on our island enjoy. It is also recommended that students have recess before lunch because research indicates that when they do, students not only eat more food, they eat more fruits and vegetables.”

- Wellness policies are not always followed in some schools.

“We have a Wellness Policy in our school, but no Wellness Committee anymore, and we are not in compliance with our own Wellness Policy. Students are no longer taught Health in any form that I know of in our school.”

“School wellness policy not followed by all staff (i.e. staff give sweets as a reward to students for completing work).”

- Many parents are permissive about substance use among their children.

“Kids are getting involved with drugs at earlier ages. Parents of some kids are not concerned.”

“Parents of some children do not discourage use, particularly with marijuana.”
MENTAL HEALTH INTERVENTION AND TREATMENT

• School teams identified several student mental health needs, with the most frequently endorsed being:
  o Anxiety
    ▪ Separation anxiety/School refusal
    ▪ Academic pressure
    ▪ Somatic complaints as a manifestation of depression/anxiety
  o Substance abuse
  o Depression/Apathy
  o Self-regulation challenges
  o Executive Functioning challenges
  o Trauma exposure (particularly for ELL students)
  o Conflict resolution
  o Poor communication skills and social skills
  o Self-injurious behaviors
  o Grief/loss, including parental death and non-intact immigrant families

Social factors impacting student mental health
  o Family Instability, including transient housing
  o Economic disparities across the island
  o Poor nutrition and food insecurity impacting mental health
  o Exposure to Family Violence
  o Parental Mental Illness and Substance Use

• Several school leaders indicated that mental health problems are more prevalent and presenting earlier developmentally, with significant impact on school functioning as early as preschool and kindergarten.
• Social media exposure impacts mental health of students – increased exposure to stressful topics, (cyber)bullying
• Very few schools have on-site behavioral health treatment services, so they rely on counselors to address the full array of student behavioral health needs.
• School staff expressed concerns about families not being able to readily access mental health services for their children and expressed a desire to have more services available on-site at the school.

STRENGTHS
• Many school teams recognize the presence of mental health needs among students and the connection between mental health and student learning.
• Many of the health and mental health programs were integrating evidence-based tools, practices, and programs into their work with students (e.g., Botvin Lifeskills, Second Step, RULER, Responsive Classroom).
• Many schools have successfully integrated interpreters and cultural liaisons to support ELL students with mental health needs.
• School teams utilize multidisciplinary collaboration to address mental health issues.
“We have a very strong team of health professionals and guidance counselors at our school. Everyone is very committed to their jobs and helping kids.”

- Each school has school counselors who work with students to address a variety of mental health concerns.
- Schools have established relationships with community partners (e.g., ICC, IWYC, CBI, private clinicians) to provide mental health coordination and treatment for students with identified needs, and have mechanisms (e.g., standard releases of information) to facilitate school-community communication.
- Some community partners engage directly in the school building, attending monthly wellness meetings and seeing some students for in-school treatment sessions on an ad hoc basis.
- Mental health consultation is provided in early childhood settings.

**CHALLENGES/AREAS FOR IMPROVEMENT**

- Families experience stigma related to seeking mental health services.
  
  “There is the "shame factor" involved with some families reaching out to seek help from local agencies. Here on MV it's also a cultural difference issue. Overall wellness is not a priority in some cultures, especially with males.”

- Teachers are inadequately prepared to identify and address student mental health issues in the classroom.

  “Teachers, kids, families, etc. need to know more about mental health issues, strategies for handling those issues and for supporting those with those issues, and resources that are available.”

- Inadequate resources to conduct comprehensive diagnostic and threat/safety assessment.
- Increasingly frequent transiency of students (from school to school) increases vulnerability of students and decreases familiarity to school staff.
- Students who are not identified early and placed into mental health programming in school may have difficult accessing services.

  “If a student has mental health issues but is not part of the Compass program, there are limited options for that child. Teachers and guidance cannot always accommodate their needs and it is almost impossible to get very needy students into Compass in the later grades. We have failed several students due to this issue.”

- Lack of funding and resources in small districts to support comprehensive mental health supports.

  “We, as a small, rural one-school district do not have the resources to provide interventions, counseling, community liaisons, and the specialized programming our many children with mental health issues require.”
“[A challenge is] serving the growing number of students with social/emotional, mental health and substance abuse challenges. The demand outnumbers the service providers available.”

“On a community level, more resources need to be available - psychiatrists and therapists - especially for children and adolescents - who take insurance and counselors in schools who have mental health training.”

- School mental health clinicians (counselors) are understaffed and overwhelmed by need.

“We have excellent adjustment counselors but they are overwhelmed with their caseloads. Significant mental health issues in some of our students continue to be marginally addressed for years due to the glacial pace of legal requirements, layers of school bureaucracy, and lack of sufficient staff to support students and families.”

“Our guidance counselor is excellent but her load is extremely heavy.”

“There are not enough counselors to meet the true needs of our students.”

“It is very challenging to not have a counselor in the school who is available to help students when needed. More staffing in this area is essential for implementing programming and strategies successfully.”

“There are not enough resources for mental health. Our guidance counselors do an excellent job but there are too many needs to be serviced by them.”

“Our guidance staff are amazing people, but they seem to be spread very thin. We could use a clinician (social worker) on staff who spent their entire day seeing students for therapy.”

- Mental health supports are often “reactive” rather than “proactive” or preventive.

“Health must be taught beginning in the lower grades and continues to be taught consistently throughout the most challenging and critical years of middle school. Unfortunately, it seems, the middle school years is just when we stop teaching, talking about, and taking care of the health and wellbeing of our students, in favor of academic pressures. Many of the issues we see in the high school could perhaps be prevented by taking the time (yes, sometimes away from testing and ‘time on task’) and teaching children how to take care of themselves by eating properly (not only the right foods, but also slowly, socially, enjoying their food), exercising regularly, and practicing well known and researched stress reduction techniques such as yoga and/or mindfulness. However, teaching is not enough, we must show students we value their health and wellness by giving them the time to eat, play outside, exercise, and be mindful.”

- Perceptions exist by some school staff that counseling intervention models are outdated and not evidence-based.

- Communication between school staff involved in mental health support is sometimes lacking.

“A lack of communication among staff in dealing with mental and emotional issues creates a feeling of low morale and confusion.”
• Community mental health clinicians are not located on-site in schools (although school teams reported that, space permitting, they would gladly accommodate mental health providers on-site).
• Teachers and school administrators may be reluctant to allow for mental health services during the school day because of concerns that it would negatively impact student academic performance.

“Students are otherwise scheduled throughout the day and many struggle to access mental health supports in the building for the fear of missing things and falling behind. There isn’t a thoughtful policy to support kids who wish to seek support. Many teachers respond with frustration and punishment when students miss their classes (middle school).”

“‘It is challenging to focus on the whole child when there is so much attention given to performance on standardized tests.’

• Lack of fidelity and outcomes monitoring to assess the implementation quality and impact of mental health programming and interventions.
• There are significant challenges in accessing community mental health care, including:
  o difficulties navigating and accessing the mental health system;

“Challenges seem to include streamlining information. It is not clear the steps necessary for getting mental health support to those that need it. It also seems to take a lengthy amount of time to get mental health services in place. Families are often unaware of the services on the island.”

  o very few providers that accept MassHealth;
  o mental health therapists may not be prepared to work in schools and may not have sufficient training in a range of evidence-based practices needed to effectively address student mental health needs;
  o lack of bi-lingual/bi-cultural clinicians to treat Brazilian students and families

“There is a population of ELL - mostly Brazilian - students who may have experienced trauma and are unable to access mental health supports with bilingual therapists/counselors.”

  o high turnover of community mental health staff;
  o fiscal sustainability of school-based community mental health services relies heavily on a fee-for-service model, allowing little flexibility to provide (important) ancillary services such as teacher consultation, care coordination and participation in school teams;
  o difficult to match clinicians to student needs and preferences (e.g., gender, language, culture).
• Access to child psychiatrists is lacking, and primary care physicians are often unwilling to prescribe and manage psychotropic medications.

“There is typically a waiting list at MVCS and only access to one psychiatrist. They have worked hard over the course of the past few years at refining their intake process, but there are still people who are left 'in the wind' during times of crisis. “

“There is very limited access to child/adolescent psychiatry on island."

**Substance Use**

• Substance abuse among students seems to be increasing, with new drugs and mechanisms (e.g., vaping, juuling) becoming more widespread.

“Eighth graders and high schoolers are using pot and alcohol and pills more and more.”

Substance use treatment is scarce on island, and any residential substance use treatment services occur off island.

“Substance abuse programming with housing [is a challenge] and students have to leave the island.”
NURSING/HEALTH CARE

STRENGTHS

- Nursing staff is highly valued by the school teams and recognized for their healthcare expertise and are sometimes involved in helping to educate staff on healthcare.

“The school nurse does a great job of keeping staff informed at our school. The health program is very comprehensive for the students.”

- Nurses collaborate with other staff in the school and when available participate on school teams and are included in health-related programming for the school.

“The nurse’s office works closely with the Athletic Dept., Guidance and teaching staff whenever there is an illness or injury which may impact a child’s education.”

“Some staff collaborate really well (guidance, school nurse, health teacher, some elementary classroom teachers).”

“Nurses and counselors have monthly meetings to share ideas and learn from each other.”

- School nurses share an electronic medical record across the entire school career for MVPS students, allowing for seamless information sharing across schools over time and can track immunizations, physicals, and other health issues.

“In the nurse’s office we are able to track immunizations, dates of physicals and any public health issue which may arise. We are completely computerized and have the ability to follow trends.”

- Access to dental care

“We also have a Dental Clinic 2 times a year for 2 days to serve those students who have a barrier due to their health insurance.”

CHALLENGES/AREAS FOR IMPROVEMENT

- School nurses may not have adequate training related to identifying and addressing mental health challenges

“I feel that all of our school population’s wellness needs are being met. We have an amazing school nurse who can tackle any medical concern that comes her way!!! I do worry about some of the mental health issues that we see. I feel like we are seeing this more in younger children.”

- Some schools do not integrate their school nurses into school teams and do not coordinate important health information

“Oftentimes teachers, and even the school nurse is left out of the equation when it comes to counseling matters.”

“Decisions shouldn’t be made without a collaborative meeting to decide next steps. Teachers, nurse, guidance, specialist, and admin, need to work together not in isolation.”
SCHOOL STAFF WELLNESS

- Many school teams recognized teacher/staff mental health and wellness as a priority.
- Many staff wellness activities have been implemented across schools, with varying levels of continuity and success.
- There is variability in the sense of staff morale and wellness supports across schools.

STRENGTHS

- Many acknowledge the natural resources available in the community as good for wellness.

“I think staff wellness needs are fairly well met in my community. We live at the coast and a walk on the beach is the best wellness medicine.”

- Some school staff report positive staff morale and wellness support.

“I’ve never worked in a school with such strong morale. Every adult in the building seems to look out for and support each other, even if someone is just having an "off" day. This is part of the Island culture.”

“Opportunities for counseling for staff as well as exercise incentives are present.”

“We offer MANY wellness activities for staff.”

CHALLENGES/AREAS FOR IMPROVEMENT

- Despite many staff wellness offerings, participation is limited.

- Some school staff report that there are no current staff wellness efforts.

“No staff wellness exists. Any additional support would be advised and welcome.”

“There really are no programs directed for staff regarding their wellness needs and concerns at this time.”

- School staff experience support variably, and reports of staff morale are diverse, even within schools, across the island.

“Stress and anxiety are pervasive throughout the teaching staff.”

“Staff do not have a sense of community and feel like there is a big communication gap.”

“The mental health and wellness of staff is not addressed and is negatively impacted with a feeling of a lack of support.”

“Staff morale is low and I often hear chatter of discontent.”

- Some staff report not knowing how to get support when needed.

“I wouldn’t know to whom I could go with a concern.”

“Our staff could use more opportunities to debrief around challenging incidents and behaviors.”
DATA-DRIVEN DECISION MAKING AND EVALUATION

- Some schools collect data about student mental health, including use of screening tools (e.g., Connors, BASC).
- Documentation of impact varied across schools and across programming.

STRENGTHS
- Some mental health provider agencies are actively collecting and reporting data to document outcomes.

CHALLENGES/AREAS FOR IMPROVEMENT
- In most schools, there is not a clear system of screening or identifying students who may be at risk of developing more serious mental health problems.
- Even when evidence-based practices are used, there are often no measures of fidelity or outcome, and no implementation support.
- School level data (such as grades, attendance, suspensions, school climate) often is not integrated to evaluate the impact of services on academic related outcomes.