

Adolescents, Bullying, Mental Health and Schools

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Forms of Bullying

- Physical
- Verbal
- Emotional
- Sexual
- Cyber

Impact of Bullying on Mental Health

- Studies suggest that youth who bully others and/or are victims of bullying:
 - have higher rates of depression, suicide, post-traumatic stress and substance abuse
 - have poorer self-esteem

Impacts of Bullying on School Functioning

- Youth who bully others or are bullied:
 - have lower than average academic achievement
 - are more likely to be expelled or suspended
 - are more likely to feel unsafe in school
 - are more likely to feel they don't belong in school

Connection of Bullying to School Shootings and Violence

- Youth who bully are more likely to fight, be gang members, and be involved in criminal activity
- Bullying and being bullied are both associated with increased weapon carrying

Connection of Bullying to School Shootings and Violence

- The Secret Service's National Threat Assessment Center and the Department of Education's Safe and Drug-Free Schools Program examined 37 school-based shootings
- A major finding was that many school shooters had experienced long-term, severe bullying and harassment

Example: Virginia Tech

■ Warning signs

- “Midway through the semester, Giovanni learned that Cho had been using his cell phone under his desk to photograph female students. She told him he could not remain in the class”
- “the campus police met with Cho twice after receiving reports from female students that he had sent them unwanted e-mail or instant messages”

“Rather than falling through the cracks, Cho crawled into the cracks and hid there”

-Chris Fynn- director of VA Tech’s counseling center

Evidence-Based Practices

1. **Olweus Bullying Prevention Program (1994)**-Multi-level intervention (school, class, and individual) to reduce bullying in schools and in the community (ages 6 to 15)
2. **Second Step: A Violence Prevention Curriculum (1985)**-classroom based social skills training to reduce impulsive aggressive behavior and increase social competence (ages 4 to 14)
3. **Lion's Quest Skills for Adolescence (1984)**-multi-component comprehensive life skills program for class room and school-wide implementation (ages 10-14)

Evidenced-Based Practices (cont.)

3. **Success in Stages: Build Respect, Stop Bullying**

is an interactive computer program designed to help students increase respect and decrease bullying behaviors (ages 6-17)

4. **Safe Dates** is a prevention program to stop the initiation of emotional, physical, and sexual abuse on dates or between individuals involved in a dating relationship (ages 13-17).

For more programs go to:

SAMSHA's National Registry of Evidence-Based Programs and Practices www.nrepp.samsha.gov

SHAPP: Sexual Harassment/Assault Prevention Program

- Since 1996- the Maryland Department of Health and Mental Hygiene (DHMH), has been supported by the CDC for rape prevention and education
- From this funding SHAPP was developed to decrease bullying, sexual harassment and sexual violence in Maryland schools

SHAPP: Three Phases

- 1) Understanding what is going on in 13 participating jurisdictions
- 2) Using the Health Education Curriculum Analysis Tool (HECAT) of the CDC to determine use of evidence-based practices for each jurisdiction
- 3) Most exemplary jurisdiction compared to jurisdiction doing nothing

Exemplary Jurisdiction

- Implementing comprehensive school mental health in all schools
- Implementing Olweus' Bullying Prevention Program in all schools
- Using the Olweus program as a platform to implement sexual harassment prevention programming in middle and high schools

SHAPP: Key Findings

- In the SHAPP participating school relative to the non-participating school:
 - School climate was rated better
 - Teachers and administrators more frequently communicated about and fairly enforced rules against sexual harassment
 - Staff reported students and teachers were more likely to feel safe

Resources Related to Bullying

- SAMSHA's National Registry of Evidence-Based Programs and Practices
www.nrepp.samsha.gov
- SAMSHA's Model Programs: Effective Substance Abuse and Mental Health Programs for Every Community
<http://www.modelprograms.samhsa.gov/model.htm>
- SAMSHA-Resources for Coping with Traumatic Events
<http://www.samhsa.gov/trauma/index.aspx>
- HRSA- Stop Bullying Now
<http://stopbullyingnow.hrsa.gov/index.asp>

References related to Bullying

- Shuchman, M. (2007). Falling through the cracks Virginia Tech and the restructuring of college mental health services. *New England Journal of Medicine*, 357(2), 105-110. Retrieved August 13, 2007 from <http://content.nejm.org/cgi/content/short/357/2/105??eaf>.
- Nansel T.R., Overpeck, M.D., Haynie, D.L., PhD; Ruan, W.J., & Peter C. Scheidt, P.C. (2003). Relationships between bullying and violence among US youth. *Archives of Pediatrics and Adolescent Medicine*, 157, 348-353. Retrieved August 13, 2007 from <http://archpedi.ama-assn.org/cgi/content/abstract/157/4/348>.
- Glew, G.M., Fan, M., Katon, W., Rivara, F.P., & Mary A. Kernic, M.A. (2005). Bullying, psychosocial adjustment, and academic performance in elementary school. *Archives of Pediatrics and Adolescent Medicine*, 159, 1026-1031. Retrieved August 14, 2007 from <http://archpedi.ama-assn.org/cgi/content/abstract/159/11/1026>.
- Vossekuil, B., Fein, R., Reddy, M., Borum, R., & Modzeleski, W. (2002). The final report and findings of the safe school initiative: implications for the prevention of school attacks in the United States. U.S. Department of Education, Office of Elementary and Secondary Education, Safe and Drug-Free Schools Program and U.S. Secret Service, National Threat Assessment Center, Washington, D.C.



Center for School Mental Health

University of Maryland School of Medicine

<http://csmha.umaryland.edu>

*Funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, USA

Growing Focus on School Mental Health in the United States

- Schools as the “defacto” sites for mental health care
- U.S. Surgeon General Reports (1999, 2000)
- President’s New Freedom Commission on Mental Health Report (2003)
- Mandates of “No Child Left Behind” and Individuals with Disabilities Education Act (IDEA)
- Progress in localities and states and *multiscale learning*

Expanded School Mental Health

- Programs join families, schools, mental health and other community systems
- To develop a full array of effective programs and services that improve the school environment, reduce barriers to learning, and provide prevention, early intervention and treatment
- for youth in general and special education

School Mental Health Impacts

- Based on a limited knowledge base, *when done well* SMH programs and services are associated with:
 - Strong satisfaction by diverse stakeholder groups
 - Improvement in student emotional/behavioral functioning
 - Improvement in school outcomes (e.g., climate, special education referrals, reduced bullying, fewer suspensions)

Academic Impacts

- An average student enrolled in a social and emotional learning program ranks at least 10 percentile points higher on achievement tests, has better attendance and classroom behavior, likes school more, has better grades, and is less likely to be disciplined
 - Weissberg and Shriver, August, 2005 *New York Times* article based on research by Weissberg and Durlak (see www.casel.org)

Dimensions of Quality Services

- Needs assessment
- Resource mapping
- Stakeholder involvement
- Shared family-school-community agenda
- Coordinating teams
- Full continuum of promotion-intervention
- Staff selection, training, and coaching
- Quality assessment and improvement
- Evidence-based practices
- Student and program level evaluation
- Advocacy and resource enhancement

Key Processes in Prevention and Intervention

- Build relationships (student, family, school staff, others)
- Reduce or build boundaries to stress and risk
- Build protective factors
- Train in key cognitive-behavioral skills
- Use evidence-based practices
- Emphasize strong outcome evaluation and continuous program improvement
- Advocate for program improvement and growth

The Optimal School Mental Health Continuum?

- 10-20% Broad Environmental Improvement and Mental Health Promotion (CHANGE AGENT ROLE)
- 50-60% Prevention and Early Intervention (PREVENTION SPECIALIST ROLE)
- 20-30% Intensive Assessment and Treatment (THERAPIST ROLE)

WHO 2003: Psychosocial Environment (PSE) Profile

- Friendly, rewarding and supportive atmosphere
- Supports cooperation and active learning
- Forbids physical punishment and violence
- Does not tolerate bullying/harassment
- Values the development of creative activities
- Connects school and home life
- Promotes equal opportunities for participation

Key Processes in Working with Families

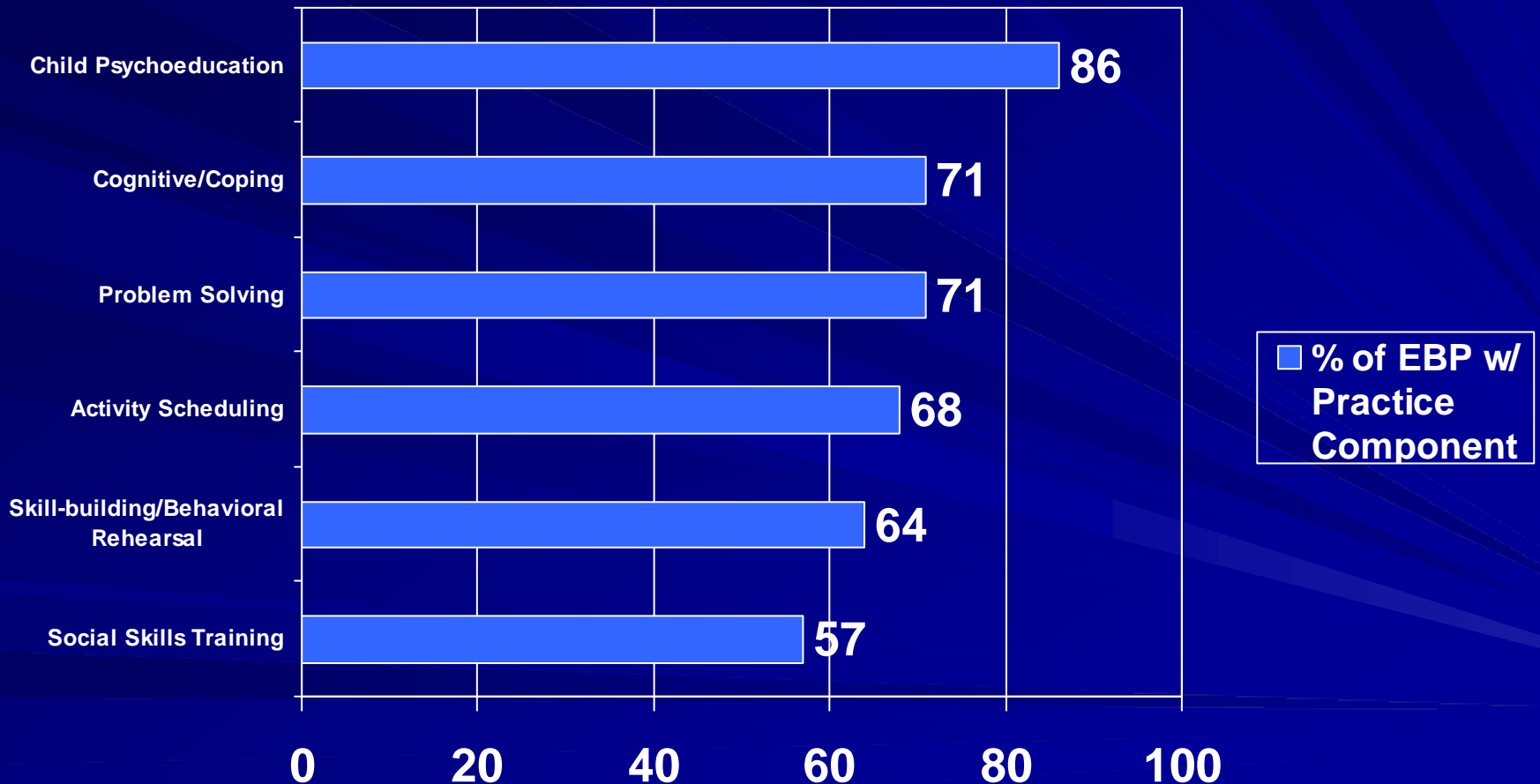
- Engagement
- Empowerment
- Support
- Collaboration

■ MODULAR INTERVENTION, SEE:

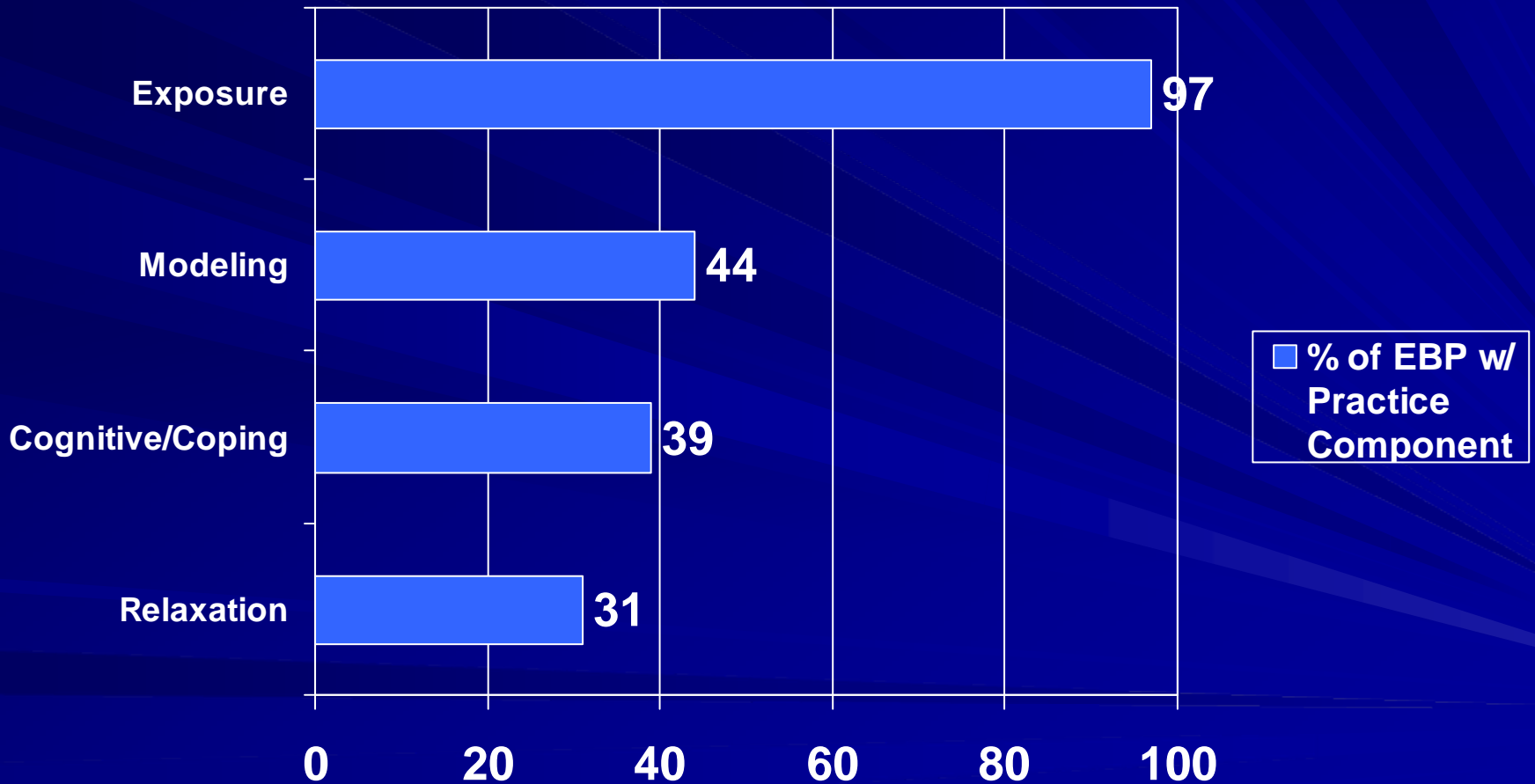
- Hawaii Department of Health, Child and Adolescent Mental Health Division. (2004). Evidence Based Services Committee Biennial Report: Summary of Effective Interventions for Youth with Behavioral and Emotional Needs.

<http://www.hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html>

Depression: Practice Components



Anxiety: Practice Components



Summary of the Work to Be Done

Effective mental health promotion, problem prevention and intervention

***Outstanding staff and program qualities
Ongoing training, technical assistance & support
School and community buy-in and investment***

***Awareness raising, public policy advocacy and improvement,
coalition building, systems-level change, and resource commitment***

Talbot County Public Schools (Maryland) School-Based Mental Health Program

Rob Schmidt LCPC, NCC
Talbot County Public Schools

Kathryn Seifert Ph.D, DABPS, DAC
CEO - Eastern Shore Psychological Services

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.



Outcomes 2002-03: Attendance

Participated	148 Improved	115 Not Improved	
Refused	70 Improved	183 Not Improved	$P < .0001$

Outcomes 02-03: Suspensions

Participated	82 Improved	174 Not Improved	
Refused	19 Improved	264 Not Improved	P < .0001

Outcomes 02-03: Disciplinary Referrals

Participated	114 Improved	136 Not Improved	
Refused	29 Improved	259 Not Improved	$P < .0001$

Making Strong Connections to Cost Savings

- In Baltimore, special education placement is \$16,000 per year; general education is \$8,000
- Children enter special education in 2nd – 5th grade and usually do not come out
- Diverting special education referrals can save \$8,000 a year for 10 or more years

Cost savings, cont.

- Nonpublic educational placements cost between \$50,000 and \$400,000 per year in Maryland
- 4700 children in these placements at an annual cost of over \$2 billion
- Diverting as few as three placements can save \$120,000 or more in the INITIAL YEAR ALONE
- CAN WE FUND SERVICES THIS YEAR BASED ON ANTICIPATED COST SAVINGS IN FUTURE YEARS???????

Teacher Retention

- A big issue in the U.S.
 - 10% leave before the end of the 1st year
 - 30% by the end of the 3rd year
 - 50% by the end of the 5th year
- Exit interviews suggest a major reason for leaving is the lack of classroom-based support
 - Bob Burke

Building a Community of Practice in SMH (see www.sharedwork.org)

- CSMHA and IDEA Partnership (www.ideapartnership.org) providing support
- 30 professional organizations and 12 states
- 10 practice groups
- Providing mutual support, opportunities for dialogue and collaboration
- Advancing *multiscale* learning

CSMHA Training Events

- *School Health Interdisciplinary Program* (SHIP). Ellicott City, Maryland. July 23-26, 2007
- *12th Annual Conference on Advancing School Mental Health*. Orlando, Florida. October 25-27, 2007
- See <http://csmha.umaryland.edu>, or Sylvia Huntley at shuntley@psych.umaryland.edu



The School Mental Health Connection

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[Welcome to the School Mental Health Connection!](#)

This site offers school mental health resources not only for clinicians, but also for educators, administrators, parents/caregivers, families, and students. To efficiently find resources that fit your needs, just click the link to the left that corresponds to your role in the school community. However, since you may benefit from resources in numerous domains within this site, we encourage you to explore many areas.

The resources on this site emphasize practical information and skills based on current research, including prominent evidence-based practices, as well as lessons learned from local, state, and national initiatives.

The School Mental Health Connection is designed for use by anyone who is interested in [school mental health](#). It is also a central feature of the [Baltimore School Mental Health Technical Assistance and Training Initiative](#).

[What's New](#)

View the newly-released [Directory of Community Services for Baltimore City](#).

Educators: Check out the user-friendly [Mental Health Fact Sheets for the Classroom](#), provided by the Minnesota Association for Children's Mental Health.

www.schoolmentalhealth.org

- Website developed and maintained by the CSMHA with funding from the Baltimore City Health Department
- User-friendly mental health related information and resources for caregivers, teachers, clinicians, and youth
- Community Resource Directory for Baltimore City

Other Helpful School Mental Health Websites

- Center for the Advancement of Mental Health Practices in Schools
<http://schoolmentalhealth.missouri.edu/about.htm>
- Center for School-Based Mental Health Programs
<http://www.units.muohio.edu/csbmhp/>
- Center for School Mental Health Analysis and Action
<http://csmha.umaryland.edu/>
- Maryland School Mental Health Alliance
<http://www.msmha.org>
- Sharedwork (Includes the National Community of Practice on Collaborative School Behavioral Health and its 10 Practice Groups).
<http://www.sharedwork.org>
- UCLA Center for Mental Health in Schools
<http://smhp.psych.ucla.edu/>

INTERCAMHS

International Alliance for Child and
Adolescent Mental Health and Schools

www.intercamhs.org

New Journal

Advances in School Mental Health Promotion

See www.schoolmentalhealth.co.uk

RIOT

“take a **R**isk, **I**ncite **O**thers to **T**ransform
schools”