

RESULTS OF FOCUS GROUPS  
WITH PUBLIC SCHOOL PERSONNEL

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## TABLE OF CONTENTS

Background.....	2
Training and Continuing Education.....	2
Resource Directory.....	2
Web-based Instruction.....	2
On-line Resources and Materials .....	2
Process.....	2
Results .....	3
1. Needs, Problems, Concerns, Obstacles.....	3
2. What are the public schools doing to address the needs, problems, concerns and obstacles?.....	5
In-school Activities.....	5
Outreach Activities .....	6
Cooperative Activities .....	6
External Services .....	7
3. What can or should the public schools do to address the needs, problems, concerns and obstacles? .....	7
4. What can the School Mental Health Project do to help you address the needs, problems, concerns and obstacles that were identified? .....	8
Education and Training .....	8
Advocacy.....	9
Other Recommendations .....	9
Summary.....	10
Closing Comments .....	11
Appendix	
Attachment A: Location of Focus Groups	
Attachment B: Results of Focus Groups	

## BACKGROUND

The School Mental Health Project is a three-year project of Eastern Area Health Education Center funded by The Duke Endowment. Its primary purpose is “to increase the availability of school-based mental health interventions through access to school nurses and other school staff with enhanced mental health training.” To that end, the following four basic outcomes of the project are:

### Training and Continuing Education: 4 Components

1. Development of a curriculum that can be used to provide training and education to school nurses and other school staff with enhanced mental health training (Now through Summer 2003)
2. Development of a “train-the-trainer” component which will enable public school personnel and others to utilize the curriculum to provide training locally (Now through Summer 2003)
3. Regional training based upon the curriculum in the East (Fall 2003), Central and West (Spring and Fall 2004)
4. A statewide Conference on Best Practices in School Mental Health (Spring 2005)

### Resource Directory

A directory of experts in school mental health topics that will be available to provide training on those topics to public school personnel (Fall 2003 and Fall 2004)

### Web-based Instruction

Courses that school nurses and public school personnel may take via the Internet (Fall 2003 – Spring 2005)

### On-line Resources and Materials

1. Identification of resources and materials already available on the AHEC Digital Library (Fall 2003)
2. Identification of resources and materials that can be added to the AHEC Digital Library (Spring 2004)
3. Resources and materials available through other online sources, e.g., Center for Mental Health in Schools at UCLA

## PROCESS

Project staff determined that input from public school personnel was needed before proceeding with project activities. It was felt that input from public school personnel would identify specific needs the project could address and offer suggestions on how to best meet those needs. Conducting focus groups would also increase awareness of the project.

The twenty-three eastern North Carolina counties served by Eastern Area Health Education Center (AHEC) were grouped geographically. A central town for each of the four groupings was identified and the location and time of the focus group was set with assistance from a local contact person. The four towns were Elizabeth City, Greenville, New Bern and Plymouth. (See Attachment A)

Letters about the School Mental Health Project were sent to the superintendents of each of the twenty-three school systems. Each superintendent was asked to identify personnel in the following categories that he or she would recommend for participation in a focus group:

- Student Services Director or Assistant Superintendent
- Social Worker
- Psychologist
- Principal
- School Nurse
- Counselor
- Resource Officer
- Assistant Principal

Once recommendations were received, invitations to attend a focus group in a specified sub-region were issued to approximately twenty personnel that represented the above groups and each school system. For each focus group a box lunch was served at 12:30 P.M., with the focus group beginning at 1:00 and concluding at 3:00. The project director conducted each focus group.

Attendance at the four focus groups varied, with the one at Plymouth having the highest number and the one at New Bern having the lowest number. In the table below, each category of personnel is shown by location.

	Elizabeth City	Greenville	New Bern	Plymouth	TOTAL
School Nurse	6	1	2	4	13
Counselor	1	3	2	4	10
Social Worker	5	3	2	2	12
Psychologist	2	2	1	2	7
Resource Officer	1	0	0	1	2
Principal/Assistant Principal	2	2	1	4	9
Student Services Director	3	1	0	1	5
Exceptional Children's Program Director	0	1	2	1	4
JCPC Coordinator	0	0	0	1	1
Superintendent	0	0	0	1	1
TOTAL	20	13	10	21	64

## RESULTS

The recorded comments of the focus groups are listed in Attachment B. They are grouped according to the questions asked:

1. What is the need? What are the problems?
2. What is being done to address the need and problems?
3. What needs to be done or should be done to address the need and problems?
4. How can the School Mental Health Project help you address these needs and problems, with a specific focus on education and training?

### 1. **Needs, Problems, Concerns and Obstacles**

It was apparent that many needs and obstacles exist. They varied somewhat among focus groups and school systems, but several themes were identified:

1. School personnel feel limited in what they can do to address the mental health needs of students. Each focus group talked about increasing numbers of children with minor and major mental health problems. One participant said they have a “band-aid” approach. “We may fix something temporarily or just cover it up. We don’t deal with the situation long-term primarily because of lack of time, but also due to lack of resources, especially for students with severe problems.” Specific examples included a school system that does not have a social worker and counselors being used as testing coordinators in addition to, and sometimes instead of, counseling.
2. Early identification/intervention surfaced as an issue. This was discussed from two perspectives. First, identification must occur as early in the life of the child as possible, some suggesting preschool, so the appropriate treatment/intervention can begin before the condition worsens and the child becomes unmanageable. Second, early identification of a problem, whatever the child’s age, is more likely to result in addressing a problem before it becomes unmanageable. For example, a child may not exhibit signs of depression until middle school, but if the child can be identified early in the depression, the more likely something can be done before it becomes a crisis to the child and to the school.
3. Families are usually a significant contributor to, and sometimes the cause of, the child’s mental health problem. This ranges from such severe situations of family violence and mental illnesses of the parents to lesser concerns of school phobia. Substance abuse was frequently mentioned. A Student Services Director stated that almost all of the behavior problems presented in the school system can be traced back to substance abuse in the home. Concern was expressed about the limited impact schools can have on the family, yet the significant impact families have on the schools. There was almost a sense of defeat about this issue, but one that many school systems and schools were addressing. (See next section on “What the Schools Are Doing.”)
4. Many participants expressed concerns about the mental health services in their area. The main concern was the lack of services from the mental health center. Shortage of personnel and lack of funding, not an unwillingness to serve the children, were stated as causes of the lack of services. For example, several school systems reported that a child mental health counselor came to the school to see the children and even had their parents come in for family sessions. However, most schools have lost those counselors due to staff shortages and funding decreases.
5. Concerns about the action of some agencies were expressed. Many participants felt that the county departments of social services did not act in a timely manner when a child was at risk or even in danger. Some expressed concern that the courts often did not intervene in a timely and appropriate manner.
6. Concern about the lack of interagency cooperation surfaced in all focus groups. Sharing of information, follow-through, and not meeting together regularly were issues that were voiced. This concern addressed all agencies: mental health centers, public health departments, departments of social services, juvenile justice programs, etc. Part of this issue, too, involves the different “languages” used by the schools and other agencies, particularly the mental health centers.
7. The stigma of mental illness was considered to be a difficult issue. Children do not want to be labeled as different, having problems, or “crazy.” Therefore, stigma often interferes with a child’s receptivity to counseling. This also applies to the families who may avoid counseling due to stigma.
8. Conflicts with the public schools’ primary goal of academic instruction were expressed. The schools are expected to take on more and more responsibility beyond teaching (to address legitimate needs of the students) but are given few additional resources to address those responsibilities. Thus, many of the added responsibilities take away from

the academic instruction, which is the primary responsibility of the schools. With increased emphasis upon academic outcomes through North Carolina's ABC Plan and the "No Child Left Behind" Act, this concern is heightened.

## **2. What are the public schools doing to address the needs, concerns, problems and obstacles?**

Participants shared many ways in which they are addressing the needs. Four classifications emerged from the discussion. The first three categories are activities and efforts that take place in the schools, outreach efforts beyond the school walls and cooperative efforts with other agencies. One activity fell into the category of "external," i.e., provided by an agency or organization outside the public school.

### In-school Activities

Each of the four groups talked about the many activities they have undertaken to directly or indirectly address mental health needs of the students. Some of the direct efforts include:

- A school social worker identifies funds (Medicaid, Health Choice) to pay for mental health services.
- A school-based health center provides mental health services.
- A school counselor developed a notebook for teachers on mental illnesses and strategies to deal with the students with those conditions.
- A school system has a zero tolerance policy. When an incident occurs, the school requires a mental health assessment. The school system pays for assessment when necessary.
- The school system hires or contracts with mental health staff, e.g., a behavioral specialist.
- The school system contracts with a private psychiatric service for its Employee Assistance Program (EAP) and a similar program for students, the Student Assistance Program, which conducts in-school evaluations, follow-up reports and consultation.
- A school psychologist provides consultation to teachers on individual students, training on non-violent crisis intervention to teachers and group consultation to teachers experiencing similar problems with students.

Two negative ways of handling children with mental health problems were reported at one of the focus groups. They are:

- Short-term and long-term suspensions, and
- Forced mental health care through involuntary commitment.

Schools and school systems carry out other activities that impact the mental health of students, but are not specifically designed to address mental health needs. They are:

- If the student has repeated discipline problems, parents are required to attend parenting classes.
- Good interdisciplinary planning is in place. One school reported that their staff meets monthly to discuss specific students.
- One school provides life skills training for high school students whose families experience chronic problems.
- A school provides a "Life Lab" for grades 3-5 that uses Covey's *Seven Habits for Highly Successful Teens*. Character education is integrated in this.
- One school conducts all male and all female conferences. These conferences focus on responsibility, especially sexual responsibility.

- Another school has a program for at risk students to help prepare them for what they want to do after they leave school, which is hopefully after graduation.
- One school holds a mini-health fair that provides all types of health and mental health information from agencies in the community.
- A high school offers PATH, student led support groups, as an elective class. Some students are required to take the course.
- Peer mediation is used by a number of schools.
- A middle school teaches character education which is mostly student-led.
- Another middle school uses Covey's *Seven Habits of Highly Successful Teens* to help students.
- At one school, the principal assigned one counselor to be the testing coordinator and another one to do counseling only.
- A school reported teaching stress management skills in grades 7-12, which incorporate self-monitoring and self-control techniques.

### Outreach Activities

Many schools set up programs to reach beyond their walls. Most of these activities were directed at parents.

- One school system sends questionnaires to parents each year to identify their concerns. Then, the social worker, counselor, nurse or other appropriate personnel conducts monthly workshops.
- Another school system holds workshops for parents in community settings, e.g. public housing and community buildings.
- One school reported using Title I funds for parent outreach.
- Parent education, especially on how to communicate effectively, is a key component in one school's outreach. These trainings are usually held at night, often at PTA meetings.
- For a preschool program, meetings are held throughout the year based on topics identified by parents. It's a "Question and Answer" format, which involves all participants.
- A school system reported being involved in a Resource Fair for Children at which more than 140 agencies in the county provided information. It was open to the public and had very good attendance.
- One school system identifies where students with difficulties live and staff go to their neighborhoods to learn about their environment. Staff also offers classes for parents and students in the neighborhood setting.

### Cooperative Activities

Cooperative efforts were prevalent in the schools. Many schools were involved in interagency committees and task forces, e.g., Juvenile Crime Prevention Committee (JCPC), Interagency Parenting Education Committee. Specific cooperation includes:

- Local pediatricians and mental health professionals are meeting with public school personnel to offer mental health support in the public schools.
- Leaders For Lunch was initiated. Business leaders, school board members and school administrators go to schools for lunch and serve as mentors for the students.
- A Psychological Information Referral Form was developed that facilitates exchange of information among school personnel and other agencies.
- A school system has developed an agreement with the mental health center to do clinical evaluations when referrals are made to the mental health center.
- A local Mental Health Association provides training and screening for depression for both students and staff.

- One school reported that a social worker from the Department of Social Services has been assigned to work specifically with children from that school.
- The mental health center provides services in the school setting, primarily for the children but sometimes for the parents.
- A drug counselor comes to school on a regular schedule and meets with specific students and conducts workshops.

Finally, three “external” activities, i.e., activities in which the schools did have not direct involvement but benefited from, were reported. One school stated that the Department of Social Services seems to have a greater focus on helping families than in past and was having a positive effect in the school. Another talked about the Peer Parenting program, especially for single parents, initiated by the Department of Social Services and carried out by nonprofit organizations. A third school system said that a mobile counseling service came to the schools to provide counseling primarily to children who had been sexually abused, but also saw other children.

### **3. What can or should the public schools do to address the needs, concerns, problems and obstacles?**

Participants in the focus groups were asked to think about what can or should be done to address the needs, concerns, problems and obstacles. Much of what was expressed was not significantly different than many of the activities that are already being done. For example, having a mental health counselor from the mental health center come to the school is something that is happening in some schools, but not all. Therefore, it was listed as something that should be done in all schools. Some of the recommendations that warrant individual discussion follow:

- A repeated “should” was more time for psychologists, counselors and social workers to focus on the students. Particularly with counselors having to spend more time on testing coordination, less time is available for working with the students. Another recommendation related to school personnel was that school resource officers become more involved in supporting students rather than focusing specifically on policing the school.
- Because of the concern about suspensions, several recommendations centered on looking for ways to keep the student in school, e.g., day programs, alternative schools and in-school suspension. It was also recommended that support staff, particularly those of in-school suspension, receive training on effectively supporting the students in these situations.
- Three of the four focus groups talked about the need for a comprehensive curriculum (K-12) that focuses on mental health. This could be incorporated with existing curricula. Included in the curriculum should be development of life skills, since many students do not receive this education at home.
- One suggestion stemmed from the success in developing Crisis Response Teams in the schools. Perhaps Crisis Prevention Teams could build on that same model and focus on creating the kind of climate in the school that would prevent many individual and school crises.
- Another suggestion centered on interdisciplinary staffing of children with mental health needs. It was suggested that teleconferencing be used to bring in expertise that was not available locally.
- The local mental health center was also a target of discussion. Many participants felt that having a mental health counselor come to the schools to counsel with the students was very important. Minimally, they should visit so they will know the school situation and can help the students cope with their environment. It was also recommended that the mental

health center have a counselor that could specialize in children who were having difficulty at school. This arrangement would also provide a single point of contact for the school personnel.

- Better communication was frequently mentioned as a way to address the concerns and needs. Better communication needs to occur among school personnel (the different disciplines), with other agencies (interagency sharing), and with administrators, policy-makers and the public (discussed in more detail on the next page).
- Since research has shown that children who are involved in extracurricular activities get better grades, stay out of trouble and feel better about themselves, it was suggested that a greater focus on involving students in some type of extracurricular activity be undertaken. This effort should start during elementary school.
- As parents and families were often portrayed as obstacles to addressing the mental health needs and sometimes the cause of the problems, several participants addressed this concern with recommendations. In one focus group, the need for a model program on school-home relationships was discussed. In another, the participants pointed out the need for a single agency, preferably not the public schools, to have responsibility for working with at-risk families on teaching life skills at an early age and supporting their children's education. A second responsibility would be assisting families in getting the mental health services parents may need.
- Considerable discussion centered on educating school administrators, policy-makers (local and state), and the public on the need for mental health support in the schools. This would involve the understanding of preventive measures and long-term investment to address current issues. It would also involve helping them understand that a child who is not healthy, physically or mentally, cannot learn, minimally, at a pace that is expected and sometimes not at all.
- Faith-based services were proposed as good resources. Not only do they provide services, e.g. after school programs, weekend activities, music groups, but they also have strong community connections, which may be one way to reach parents.

As is evident from the list, the participants provided an abundance of recommendations. Some are very inexpensive and others could be costly. Some might be relatively easy to implement and others would require much time and resources. Regardless, they all have merit in that they would address some of the problems and concerns public school personnel have about students' mental health needs.

#### **4. What can the School Mental Health Project do to help you address the needs, problems, concerns and obstacles that were identified?**

The responses of the focus groups to this question fell into three categories: Education and training, advocacy and a general category labeled "other."

##### Education and Training

- All four focus groups pointed out the need for basic information about the different mental health conditions, e.g., ADHD, depression, and conduct disorder. All also expressed the need for practical information on how to help a student with a particular disorder in the school setting.
- Participants in all four groups stated a preference for local training. They also stated a preference that the training should be provided at no cost.
- Because different professionals have different levels of knowledge, training should be multi-faceted and include clinical manifestations, early signs of the condition, educational strategies, medications, etc.

- Make sure participants who take the training can receive the appropriate credits for their professional education.
- There is a need to provide training to support personnel such as bus drivers, cafeteria workers, and secretaries because of the interaction they have with the students.
- Schedule the training as far in advance as possible so school systems can include it on their calendars and encourage the different professionals to attend. A big bonus would be to have the training on in-service days scheduled by the school system.
- A list of experts in child mental health upon which the school systems can call would be very helpful.
- Address legal issues in the curriculum.
- Some participants like the concept of web-based training in order to reach large numbers, but felt it was not the most effective way to provide the training.

The train-the-trainer approach elicited different responses from the participants. Some felt it would be very helpful and offered the following options:

- Train a team in each county that can go to different schools.
- Train multi-county teams that can do cross-county training.
- Have a core group of selected personnel come to regional training (rather than inviting all psychologists, all counselors, etc.) that can bring back the information to the local level.

Others felt that train-the-trainer approach would not be useful for the following reasons:

- Information is lost in the process. For example, a counselor (or social worker or psychologist) might not be able to provide the same information in the same way as the expert providing the training in the regional series.
- Most personnel already have more than they can do. Asking them to provide training beyond what they are required to do is unreasonable.

### Advocacy

Three of the four focus groups talked about the need to educate school administrators and elected officials (especially members of boards of education and county commissioners). The participants felt they could make few changes and have little impact if they did not have the support of the administration. They also felt that the administration would be more responsive if the school board were aware of the mental health needs.

Another group for which information should be available is the Closing the Gap Task Force in each school system. This task force should be aware of the mental health needs as they consider strategies for closing the gap in academic performance.

Public awareness was an important issue for the participants. One group suggested the production of Public Service Announcements (PSA's) that could be distributed to television and radio stations.

One recommendation was providing help in communicating the significant school mental health needs to the mental health system. At a time of reform, these needs must be placed before the decision-makers in that system consistently and strongly.

### Other Recommendations

Several recommendations did not fit neatly into the first two categories but deserve recognition. One set can be grouped into information distribution. They are:

- Develop a “listserv” to make information more readily available.
- Have a “question and answer” section (FAQ) on the project website.
- Distribute a PowerPoint presentation to explain School Mental Health showing the correlation of addressing mental health issues learning and improved performance.
- Present at conferences of various organizations, e.g., NC Association of School Psychologists, NC School Counselors Association.
- Distribute information about the AHEC Digital Library.
- Develop and distribute a “Best Practices” guide to show what is working in North Carolina.
- Develop a flow chart on how the referral process should work between a local school system and the mental health center.
- Provide up-to-date information on the implementation of “No Child Left Behind” and funding to assist with the implementation.

Other recommendations include:

- Develop a mental health education component for students that can be included in other curricula.
- Provide education on good, workable policies and procedures in addressing mental health needs of students.
- Provide training on how to best reach parents and get them involved.
- Provide training on how to partner with faith-based organizations to address mental health needs.
- Make sure the link between mental health needs, barriers to learning and test scores is communicated and supported by research.

## SUMMARY

Much was learned from the focus groups about the mental health needs of students and what schools and school systems are doing. A summary of the needs follows. Public school personnel:

- Have many concerns about the mental health of students they serve.
- See an increasing number of children with mental health problems.
- Feel they have limited expertise, resources and time to appropriately address these concerns.
- Identified the family as a significant factor in the problems children are having at school.
- Generally see community services for children who need help as inadequate or non-existent.
- Experience a lack of communication within the schools as well as across service agencies.

Regarding what the public schools are doing, we found that:

- Public schools are undertaking a variety of efforts to address mental health needs directly and indirectly.
- No concerted or comprehensive effort is being made; it is fragmented and not coordinated.
- Public school personnel have good suggestions on what needs to be done, some very inexpensive, others with significant costs.

When asked to talk about how the School Mental Health Project might help them address the mental health needs of students through training and education, public school personnel overwhelmingly recommended that the project provide training locally and at no cost. They also recommended that, in addition to basic information on different mental health conditions, training should provide concrete suggestions on how to work with the child in the school setting. Most stated, too, the significant benefit of having a resource directory.

## CLOSING COMMENTS

The public school focus groups identified many needs that are beyond the scope of the School Mental Health Project. However, some of the needs can be addressed directly by the project. Others may be addressed indirectly. It is the hope of the staff that this project is only a beginning to address the many needs over a period of many years.

The focus groups helped provide some direction to the project. While a general plan was presented, the information from the focus groups will help fine tune the plan and make it more workable in providing public school personnel the resources they need to better serve their students.

# MAP OF EASTERN AHEC REGION, SUB-REGIONS FOR FOCUS GROUPS AND LOCATION OF FOCUS GROUPS



- Elizabeth City
- ★ Plymouth
- ▲ Greenville
- ◆ New Bern

Appendix B  
SUMMARY OF RESULTS OF FOCUS GROUPS WITH PUBLIC SCHOOL PERSONNEL

**Needs, Problems, Concerns**

	ELIZABETH CITY	GREENVILLE	NEW BERN	PLYMOUTH
TOPICAL NEEDS	<p>Bipolar, suicide, depression Eating disorders Increase in diabetics ODD children SA in students Adolescent pregnancies Self-destructive, self-injurious behaviors Autism</p>	<p>Need training on different conditions, medications, and classroom strategies Bipolar, Aspergers Syndrome Conditions masked by "known" behaviors – How to see through disruptive behaviors to the problem</p>	<p>Suicide (3 this yr) Adolescent development: what some of the difficult behaviors are and how to best deal with them Identification of early symptoms of mental health problems</p>	<p>Anger management Depression &amp; bipolar Anxiety Self-esteem Eating disorders Conduct disorders Substance abuse &amp; use Sexual abuse Autism</p>
SCHOOL RELATED	<p>Band-aid approach – counselors/social workers in schools Student caseload increases for counselors, social workers No licensed family counselors in schools School personnel can't make referral to appropriate service (has to be on IEP) Outside agencies do not evaluate child during the school day where the problem in occurring Lack of therapeutic alternative education/classroom Lack of meaningful vocational training especially for at-risk kids Lack of early intervention</p>	<p>Early identification in preschool Counselors' role – testing not counseling Social Workers – serve multiple schools; not able to help kids and work with families as they would like PS staff needs to have a better understanding of different types of mental health conditions PS have asked for MH training, but seldom get it No Child Left Behind is putting more stress on schools, yet might be a strong reason for this project Revolving door in schools – Suspend student for 1-2 days, they come back, exhibit the same behaviors and are suspended again What is the school's role? Should it try to deal with mental health problems? Increase in number of children with mental health issues coming to schools (Parents with mental health problems, drug abuse, child abuse, IDEA) Who pays for evaluations of students when referred from public school?</p>	<p>Increase in number of kids presenting problems Teachers not knowing what to do when a student with a mental health problem is in the class What to do with the children suffering silently, those that don't present disruptive behavior School phobia (family problem as well as child problem) Combination of needs (ADHD, Depression, etc. all in one child) Seeing more students with mental illnesses (depression, bipolar), not just behavior problems Behavior management for front-line people (teachers, assistants, bus drivers, secretaries) Intervention strategies for both in classroom and out of classroom Seeing more medically fragile children in public schools</p>	<p>Need more character development Lack of access to enough support personnel Lack of resources Bullying at all grade levels Lack of time to do what needs to be done, e.g. counseling and testing Counselors &amp; psychologists not allowed to provide counseling &amp; therapy Where do we send the child to get counseling and therapy? Lack of support groups for students Can't take kids out of class for support groups Schools can't talk about how needy children are without being perceived as negative or failing</p>

SUMMARY OF RESULTS OF FOCUS GROUPS WITH PUBLIC SCHOOL PERSONNEL

Needs, Problems, Concerns continued

	ELIZABETH CITY	GREENVILLE	NEW BERN	PLYMOUTH
FAMILY RELATED	<p>Parents w/ mental issues and SA                      No follow through by parents                      Family violence                      How to get parents involved                      Military kids                      Single dads                      Grandparents as parents                      Lack of early intervention                      Students don't learn coping skills at home</p>	<p>Follow-through by parents is missing, both from mental health and public school perspective                      Mental health issues in homes                      How to help families – Until families are helped, child cannot be helped.                      Have to address the parent's role in this</p>	<p>Parents with mental health issues                      Lack of parent support                      Substance abuse by parents                      Lack of family therapy and parent education                      Parenting education for parents of preschool children                      Who has the accountability to teach families the skills they need?                      Some parents don't access available services (maybe in denial or think they cannot pay for them)                      Parents with the greatest needs are often most difficult to reach</p>	<p>Family management problems                      Poverty &amp; financial needs                      Family bonding is needed                      Lack of follow-through by parents</p>
SERVICE RELATED	<p>No local MH hospitals                      Uninsured                      Transportation                      Waiting lists                      Access to 12-step programs for students is difficult                      Partial hospitalization classrooms not available                      Lack of early intervention                      Lack of immediate court intervention when appropriate                      Lack of mentoring, big brother/sister programs                      Influx of Group Homes, especially foster care, brings more kids with special needs to the area</p>	<p>Need people to provide the services                      MH system – much change taking place                      MH reform – how to change the reform                      Services driven by pay source                      Non-Medicaid eligible falling through cracks                      Education is not what is needed in Wayne Co. – Services are what is needed</p>	<p>Resources to address problems not available                      DSS to act sooner regarding kids with severe problems based in family situation                      What to do once the child is identified</p>	<p>Lack of programs to address social &amp; emotional competence                      Lack of transportation                      No feedback from mental health center                      Lack of follow-through by mental health providers                      Lack of interagency responsibility (must be community responsibility)</p>
OVERALL	<p>Lack of communication among agencies                      Stigma                      Schools having to assume other's roles                      Cross-discipline issues – person from mental health does not speak same language a person from public schools                      When student is having problem, substance abuse is usually at the bottom of the problem</p>	<p>Need to delineate what public schools can address &amp; what mental health can address                      Interaction of other agencies – coordination is not there                      Bottom line – service providers to address MH issues of children in school or community                      Stigma of illness</p>	<p>Coordination between mental health center &amp; public school                      Schools have to address all "ills;" there's a limit to what schools can do with their limited resources</p>	<p>Lack of moral direction                      School violence – comes from outside                      Stigma of mental health issues                      Break cycle of hopelessness                      Empowerment issues                      Public schools expected to be all things – conflict with academics</p>

SUMMARY OF RESULTS OF FOCUS GROUPS WITH PUBLIC SCHOOL PERSONNEL

What is being done?

	ELIZABETH CITY	GREENVILLE	NEW BERN	PLYMOUTH
IN-SCHOOL	<p>If discipline problems occur in the classroom parents must attend parenting classes</p> <p>Monthly meeting of counselors, social workers and other support personnel in the school</p> <p>Good interdisciplinary planning for students in by school personnel</p> <p>Currituck – contract w/ Virginia Beach Psychiatric Service for <b>Student Assistance Program</b> (in-school evaluations) and <b>Employee Assistance Program</b></p>	<p>Lot of children getting suspended – certainly not a positive thing we’re doing</p> <p>Conduct at-risk and transition classes</p> <p>School social worker helping to identify funds to pay for mental health services (Medicaid, Health Choice)</p> <p>School-based health center – provides mental health services</p> <p>Counselor developed a notebook for teachers on mental illnesses and strategies to deal with the students</p> <p>Sometimes force mental health care by involuntary commitment</p> <p>School system has a zero tolerance policy – mental health assessment required when incident occurs (school pays for assessment when necessary)</p> <p>Mental health staff (Behavioral Specialist) hired by or contracted with public school</p> <p>Many school personnel (counselors and psychologists) have received training and certification in identifying and evaluating Traumatic Brain Injury</p>	<p>Provide life skills training for high school students whose families experience chronic problems</p> <p>Life Lab for grades 3-5 that use <i>Covey's Seven Habits for Effective Teens</i>; integrate character education in this</p> <p>All male and all female conferences – focus on responsibility, especially sexual responsibility</p> <p>GEAR UP – program for at risk kids – help prepare them for what they want to do after school</p> <p>Mini-health fair in school</p>	<p>PATH – student led support groups as an elective class (no credit)</p> <p>Peer mediation – high school</p> <p>Character education being taught in middle school – mostly student led</p> <p>Use <i>Covey's Seven Habits of Highly Successful Teens</i></p> <p>Stress management activities in grades 7-12 – also teach self-monitoring and self-control techniques</p> <p>Psychologist provides consultation to teachers on individual students</p> <p>Psychologist provides training on non-violent crisis intervention to teachers</p> <p>Psychologist provides group consultation to teachers experiencing similar problems</p> <p>School principal made 1 counselor testing coordinator and other 2 to do counseling</p>
OUTREACH	<p>Send questionnaires to parents each year to identify concerns; then hold workshops conducted by social worker, counselor, nurse once/mo</p> <p>Hold workshops in community settings, e.g. public housing, community buildings</p> <p>Use Title I funds for parent outreach</p>		<p>Parenting skills training</p> <p>Preschool – meetings throughout year based on topics identified by parents – “Question and Answer” approach</p> <p>Resource Fair for Children – 140 agencies participated at the local Civic Center</p> <p>Identify where kids with difficulties live and go to neighborhoods to learn what they are dealing with and to teach in the neighborhood</p>	<p>Parent education – focus on how to communicate effectively; usually held at night, often at PTA meetings</p>

SUMMARY OF RESULTS OF FOCUS GROUPS WITH PUBLIC SCHOOL PERSONNEL

What is being done? continued

	ELIZABETH CITY	GREENVILLE	NEW BERN	PLYMOUTH
COOPERATIVE	<p>Interagency Task Force – “staff” different individuals; share what agencies are doing</p> <p>Use JCPC monies to contract w/ private providers</p> <p>Functional JCPC (Juvenile Crime Prevention Committee)</p> <p>Dare – Interagency Parenting Education Curriculum – provided 3 times a year at different locations</p>	<p>Local pediatricians and mental health professionals are meeting with public school personnel to get mental health support in the public schools</p> <p>Leaders For Lunch – business and school leaders coming in for lunch and serving as mentors</p> <p>Built a relationship with the mental health center in the county such that there is good interaction and support</p> <p>Psychological Information Referral Form developed that facilitates exchange of information</p> <p>School system has an agreement with the mental health center to do clinical evaluations when referral is made</p> <p>Local Mental Health Association provides training and screening for depression for both students and staff</p>	<p>DSS has social worker assigned to school</p> <p>Mental health center provides services in the school setting, primarily for the children but sometimes for the parents</p> <p>Drug counselor comes to schools</p>	
EXTERNAL	<p>Kids First – mobile weekly counseling and education service focusing primarily on sexual abuse</p>		<p>DSS seems to have a greater focus on helping families than in past</p>	<p>DSS in cooperation with some nonprofit organizations have mentor programs especially for single parents</p>

SUMMARY OF RESULTS OF FOCUS GROUPS WITH PUBLIC SCHOOL PERSONNEL

**What can be done?**

	ELIZABETH CITY	GREENVILLE	NEW BERN	PLYMOUTH
IN-SCHOOL	Utilize play therapy to identify at-risk kids in kindergarten (model in New York?)	School Resource Officers need to be more involved in supporting students, not just policing the school Short-term suspensions go to a day program in alternative school Supportive administration Strategies to keep child in school instead of suspension	Strong life skills curriculum implemented in all schools (elementary, middle, high) More time for counselors and psychologists to focus on kids Help identify issues that can be dealt with without referral to Exceptional Children (other resources such as speech therapy, physical therapy, occupational therapy, etc) Crisis Team on prevention	Teen Court model In school suspension personnel to receive training to help students Comprehensive program on mental wellness for K-12 that would build each year (integrate in something already being done) Help deal with stigma Use extra-curricular activities to help address mental health needs
OUTREACH			A way to help younger children get life skills with no support at home	Program to help build relationship between families & school Ways to encourage parents to seek mental health assistance
COOPERATIVE	Have practitioners, i.e., mental health counselors, focus on school issues, e.g., helping the child cope in school Better communication among service providers, e.g., release of info (need to share info about kids) Consultations through teleconferencing Have local psychiatrist come to school to staff individuals (no longer available)		Bring expertise into schools to support what is being done by teachers Use Employee Wellness approach with parents and children	Need one person in mental health center to focus on school age kids, preferably in the schools Help school personnel, families, administrators, etc., see the need to address issues on a long-term basis (no quick fixes)
EXTERNAL	Get communities to buy in on preventive measures	Use faith-based services – counseling, after-school	Some agency to have the responsibility for providing education and training of parents Everyone needs to buy into the fact that you can't educate a child that is not healthy	Strong lobbying group to advocate for counselors, i.e, hiring testing coordinator Help legislators see how important school mental health is

SUMMARY OF RESULTS OF FOCUS GROUPS WITH PUBLIC SCHOOL PERSONNEL

**How can the School Mental Health Project help you address the needs?**

	ELIZABETH CITY	GREENVILLE	NEW BERN	PLYMOUTH
EDUCATION AND TRAINING	<p>Info to help deal w/ specific issues</p> <p>Educate teachers how to work with children with different types of mental health problems</p> <p>Having training available locally is very important</p> <p>Teleconferencing</p> <p>CEU's – different credits for different professionals</p> <p>Series on a specific topic each week for certain # of hours</p> <p>Schedule workshops when teachers on break</p> <p>Training on classroom management</p>	<p>How can you get teachers interested enough in attending training? Many only want the problem child removed so they can teach others.</p> <p>Like Train-The-Trainer-need someone in school setting that can provide on-site training</p> <p>Other school support staff (secretaries, bus drivers, etc.) need training</p> <p>Concrete suggestions on what to do should be in the curriculum</p> <p>Point out how behavior is related to or a result of a mental health problem</p> <p>Need various types of training: clinical, educational strategies, medications, etc.</p> <p>Provide in-service training credits, especially technology credits (biggest need)</p> <p>Train a team in each county that can go to different schools</p> <p>Train multi-county teams (teams that can do cross-county training)</p> <p>Have a core group to come to regional training that can bring back the information, etc. to the local level</p> <p>Schedule training so support personnel, e.g., school psychologists, can build it into the system training calendar</p> <p>Training must be mandatory to get staff to come</p> <p>Have to be careful with Train-the-trainer approach because of information lost in the process</p> <p>Cost of training is a big issue</p> <p>Expert resources for the school systems to call upon are needed</p>	<p>Basic information on different mental health conditions</p> <p>Local training</p>	<p><u>FREE</u> staff development</p> <p>Provide <u>FREE</u> resources and materials</p> <p>Training for support personnel – bus drivers, cafeteria workers</p> <p>Web-based training is a good way to reach large #'s</p> <p>Like Training-the-Trainer concept, but most support personnel have no time to train</p>

SUMMARY OF RESULTS OF FOCUS GROUPS WITH PUBLIC SCHOOL PERSONNEL

**How can the School Mental Health Project help you address the needs? continued**

	ELIZABETH CITY	GREENVILLE	NEW BERN	PLYMOUTH
ADVOCACY	Educate administrators		Get information about mental health needs to participants & community Keep on getting it out Board of Education and Superintendent should receive information	Communicate the significant need to the mental health system Effectively educate decision-makers (administration, school board, county commissioners, legislators) PSA's – quick messages to the public on the need and what to do Get information to Closing the Gap Task Force (each school system should have one)
OTHER	Education for students – Peer Education (SAVE, peer mediation) Prevention program for young students (elementary) Understanding and dealing with agency policies Providing effective crisis intervention	Flyer on AHEC Digital Library Make sure the link between mental health issues, barriers to learning and test scores is clear and supported by research Flow chart of how to get help when identified Legal issues Use term other than curriculum How to help families How to get parents involved	Present at conferences (counselors, SW, psych) Examples of Best Practices (Guide) Q&A section on website Listserv to make information more readily available	Provide up-to-date information on “No Child Left Behind” funds – when available, how to get them Nonprofit organizations, especially faith-based, may be a resource to reach parents Distribute PowerPoint presentation to explain School Mental Health; correlate facts/data to learning