The Essence of Improving Mental Health in Youth

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The Goal

To begin thinking differently about improving the mental health of youth

What do we know?
The Need

- 21% of children and adolescents are in need of mental health services
- Mental health systems and educational systems only serve 20% of children and adolescents who are in need
- Schools remain the primary provider through delivery of special education services and single session contact
- More complex difficulties later in life that are more costly to address and manage

(Mash & Barkley, 2008; IDEA, 2004; Carnegie Council Task Force on Education of Young Adolescents, 1989; Cash, 2008; Condition of Education, 2008; Stark et al., 2005; Mufson, Dorta, Moreau, & Weissman, 2005)

Negative Effects of Poor Mental Health

- Intrusive and negative thoughts
- Sleep problems and fatigue
- Memory and attention problems
- Anxiety states
- Low motivation and energy
- Anger and emotional dysregulation
- Self-doubt
- Withdrawal and isolation

The Need

- There is a strong research link between mental health and academic achievement (Charvat, 2012)
- Healthy students make better learners
- It is challenging to teach a child who is not able to focus on schoolwork
- A child who succeeds in school is more likely to be healthy

(The Condition of Children's Mental Health, 2008; Mash & Barkley, 2008; IDEA, 2004; Carnegie Council Task Force on Education of Young Adolescents, 1989; Cash, 2008; Condition of Education, 2008; Stark et al., 2005; Mufson, Dorta, Moreau, & Weissman, 2005)
The Reason

- Advantages of the school setting
  - Less time lost from school and work
  - Greater generalizability of treatment
  - Less stigma (more likely to seek support)
  - Students are in a comfortable context
  - Outreach to “at-risk” groups
  - Greater access to all youth
  - Greater impact on learning outcomes
  - Increase in coordination of care

The Outcome

- Improvements in social competency, as well as behavioral and emotional functioning (e.g., discipline referrals)
- Improvements in academics (e.g., GPA, test scores, attendance, graduation)
- Increased access to care → Decreased health disparities

Greenberg et al., 2005; Welsh et al., 2005; Zinn et al., 2004; Bruns et al., 2004; Hoagwood et al., 2007; Wilson & Lipsey, 2007

What are the trends in mental health?
There has never been a better time to be working with youth having social, emotional, and behavioral difficulties

- We know more about children’s mental health than any other point in time
  - The quantity and quality of controlled treatment outcome studies have flourished
  - Empirical studies of therapy for children, adolescents, and adults is well into the thousands
  - There has been better delineation of evidence-based treatments
  - There is a better understanding for the mechanisms of change

- Lifetime prevalence of mental illness remains high (12.0% to 47.7%)
- Costs of mental illness are high (e.g., medical costs, criminal justice, accidents, loss of earnings, decreased work productivity, etc.)
- The capacity is insufficient to address the needs
- Numerous factors “get in the way”:
  - Too many initiatives and “new trends”
  - Politics
  - Too many individuals in need
  - Continued use of ineffective interventions
    - Approximately 100,000 students per year are expelled from school
    - Approximately 3 million students per year are suspended

What can you do to improve the mental health of youth?
5 Essential Tasks

1. Invest
2. Involve
3. Invite
4. Identify
5. Instruct

Invest

- Spend less time...
  - Conducting comprehensive assessments on individual students

- Spend more time...
  - Investing in high standards and expectations
  - Investing in structure and consistency
  - Investing in opportunities to learn
  - Investing in kids!

Involve

- Spend less time...
  - Being the “discipline person”
  - Being the “problem solver”

- Spend more time...
  - Involving yourself in connection
  - Involving yourself in facilitating connection between others
Invite

- Spend less time...
  - Solving problems in isolation
  - Solving problems reactively

- Spend more time...
  - Inviting the child to help with solving problems
  - Inviting collaboration with others to facilitate change

Identify

- Spend less time...
  - Exploring exacerbating factors and underlying causes
  - Determining a diagnosis

- Spend more time...
  - Identifying the skills needed for the child to be successful
  - Identifying when the child is not challenging

Instruct

- Spend less time...
  - Modifying behaviors
  - Providing consequences

- Spend more time...
  - Instructing the child in specific skills
  - Instructing the child following phases of skill development
Skill Instruction

- **Skill Deficiency** – the lack of a specific skill
- **Skill Dysfunction** – the lack of implementation or generalization of skill
- Phases of skill interventions:
  - **Attainment** – will learn new ways to approach situations
  - **Implementation** – exercises to generalize skills and to practice in life
  - **Maintenance** – a plan to continue using new skills and to overcome setbacks

Christner & Mennuti, 2012

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Questions and Answers