



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



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GOVERNOR

MICHAEL P. FLANAGAN  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

December 17, 2009

**MEMORANDUM**

TO: State Board of Education

FROM: Michael P. Flanagan, Chairman 

SUBJECT: Approval of State Board of Education Integrating Mental Health in Schools Policy

Increasing attention has been given to the importance of every student’s overall well-being and its impact on their academic success.

Current research indicates that focusing on the whole child, including his/her physical, emotional, and mental health, positively influences the ability to learn and retain knowledge gained in the educational setting. Studies have shown that rates of absenteeism and tardiness are much higher for students with mental health concerns (Gall, 2000). Emotional, behavioral, and social difficulties diminish the capacity of children to learn and benefit from the educational process (Rones and Hoagwood, 2000). Increased physical, social, and emotional well-being can improve academic performance (“Health and Academics: Making the Link,” Massachusetts Department of Education, 2000), leading to improved health and educational outcomes.

Research in the use of Social and Emotional Learning (SEL) strategies (CASEL, 2007) have shown:

- o Rise in school grades
- o Improvements in standardized achievement test scores, as evidenced by gains of 11 to 17 percentile points on achievement tests
- o Effectiveness with racially and ethnically diverse students from urban, rural, and suburban settings across the K-12 grade range
- o Improvements in students’ social/emotional skills, attitudes about self and others, connection to school, and positive social behavior
- o Reduces conduct problems and emotional distress

Given this information, a Draft Model Integrating Mental Health In Schools Policy was presented to the State Board of Education at its October 13 meeting. Since that meeting, the Draft Model Integrating Mental Health in Schools Policy was placed on the web and distributed to various associations and organizations to collect feedback from the field for inclusion in the final document. The revised policy (Attachment A) indicates those changes and/or additions where appropriate. Attachment B is a summary of the public comments.

It is recommended that the State Board of Education approve the State Board of Education Integrating Mental Health in Schools Policy, as attached to the Superintendent’s memorandum dated December 17, 2009.

Attachments

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## **Michigan State Board of Education Policy on Integrating Mental Health in Schools**

Historically, the Michigan State Board of Education (SBE) has emphasized the importance of students' well-being and its impact on their academic achievement. This is evidenced by the recent adoption of various principles and policies along with their most current strategic plan.

In 2003, the SBE adopted the **Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools**. This policy provides four recommendations to school districts encouraging the development of a Coordinated School Health Program (CSHP), including the establishment of a School Health Team with an identified School Health Program Coordinator. The CSHP consists of eight components, one of which relates to this policy specifically: Counseling, Psychological, and Social Services. That component along with the other seven components create a structure to improve classroom environments, school culture and climate, and address student behaviors, including behavior impacted by mental health. The CSHP correlates to the School Improvement Framework and can be incorporated into district school improvement processes.

In October 2004, Governor Jennifer M. Granholm formally accepted the **Michigan Mental Health Commission's** final report. This report included numerous recommendations. Two of the substantive recommendations that relate to this policy and to children and their mental health include: to identify children with disabilities and risk factors proactively in education and health care environments; and to integrate mental health treatment with physical health.

In October 2005, the State Board of Education approved the **Universal Education: Vision and Principles** as a framework and foundation for policy development by the State Board of Education, the Department of Education, and local and intermediate school districts. The principles reflect the belief that each person deserves and needs a concerned, accepting educational community that values diversity and provides a comprehensive system of individual supports from birth to adulthood.

Additional SBE-approved policies on Quality Character Education (June 2004), Anti-Bullying (August 2006), and Positive Behavior Supports (September 2006) also support and influence this Policy on Integrating Mental Health in Schools and its accompanying recommendations.

In building on the above mentioned policies, principles, and plans, the SBE is convinced that the mental health and well-being of students is directly linked to students' school connectedness, attitude, behavior, achievement test performance, and overall academic success.

Growing evidence accumulated over recent decades demonstrates a consistent link between students' social and emotional well-being and mental health and their school success and academic achievement. Recent research shows:

- Physical health and mental health are inextricably intertwined, enmeshed components of an individual's overall well-being. (US Surgeon General, 1999)
- Rates of absenteeism and tardiness are much higher for students with mental health disturbance. (Gall, 2000)
- Emotional, behavioral, and social difficulties diminish the capacity of children to learn and benefit from the educational process. (Rones & Hoagwood, 2000)
- Increased physical, social, and emotional well-being can improve academic performance. ("Health & Academics: Making the Link" Massachusetts Department of Education, 2000)
- Approximately 20% of children and adolescents suffer from a mental illness resulting in mild functional impairments AND an estimated 10% have moderate to severe impairments. (Duchnowski, Kutash, & Friedman, 2002; Power, Eiralkdi, Clarke, Mazzuca & Krain, 2005)
- Suicide is the third leading cause of death for youth in Michigan (accidents and homicide are the first and second leading cause of death respectively). In Michigan, 12 to 20% of youth have strongly considered suicide. (Michigan Youth Risk Behavior Survey, 2005)
- Many people do not seek treatment for mental health concerns because of the stigma attached to it. (Corrigan, APA, 2004)
- Students with disabilities were disproportionately suspended and students with emotional and behavioral disorders (EBD) had substantially higher rates of suspensions than students with other disabilities. (Cooley, 1995; Zhang et al., 2004)
- Schools with higher rates of school suspension and expulsion have less satisfactory ratings of school climate, less satisfactory school governance structures, and spend disproportionately more time on disciplinary matters. Additionally, there is a negative relationship between the use of school suspension and expulsion and school-wide academic achievement, even when controlling for demographics such as socioeconomic status. (American Psychological Association Zero Tolerance Task Force, August, 2006)
- Low school and classroom engagement have been associated with dropping out of school. (Christenson, 2002; Fredericks, Blumenfeld, & Paris, 2004; Jessor, Turbin, & Costa, 1998); (Newmann, Wehlage, & Lamborn, 1992; Rumberger & Larson, 1998)
- Social, emotional, and mental health support for students at all times in all schools can decrease the need for expulsion and suspension and should be strongly advocated by the health care community. (AAP, 2003)
- Use of Social and Emotional Learning (SEL) Strategies (CASEL, 2007):
  - Raises school grades
  - Improves Standardized Achievement test scores, as evidenced by gains of 11 to 17 percentile points on achievement tests
  - Is effective for racially and ethnically diverse students from urban, rural, and suburban settings across the K-12 grade range
  - Improves students' social/emotional skills, attitudes about self and others, connection to school, and positive social behavior; and reduces conduct problems and emotional distress

## POLICY STATEMENT

WHEREAS, IT IS RESOLVED THAT in light of the research indicators, the STATE BOARD OF EDUCATION AND the Michigan Department of Education (MDE) will continue to review and revise as appropriate the Professional Standards for Michigan Teachers, including pre-service teachers, as it works with education programs at various colleges and universities to ensure that Michigan's teachers are highly qualified and prepared to address the social and emotional needs of students.

WHEREAS, THE STATE BOARD OF EDUCATION AND the MDE recognizes the challenges faced by teachers and school administrators in addressing mental health needs of students. The ***Integrating Mental Health in Schools Toolkit*** has been created and is available on MDE's website to provide school staff simple and no-cost techniques, ideas, and resources for incorporating social and emotional well-being strategies in the classroom and throughout the school. Many of the recommendations listed below are accompanied by resources found on the toolkit website. Technical assistance for integrating mental health in schools will be provided by the MDE and the Michigan Department of Community Health (MDCH).

THE BOARD RESOLVES to promote students' emotional well-being and mental health, thus improving their ability to perform to their full academic potential and become positively contributing youth and adults in their communities.

WHEREAS, the State Board of Education recommends that each Michigan school and district establish socially and emotionally healthy schools by implementing ANY OR ALL OF the following practices:

### Promotion/Universal Prevention

1. Utilize the district's school improvement team to help implement a socially and emotionally healthy school environment for all students and staff. (Include a school mental health provider on this team, where available.)
2. Integrate social and emotional learning strategies across the curriculum and within the entire school environment.
3. Assess understanding and use of social and emotional well-being learning strategies in classroom/school management as part of annual teacher and administrator performance appraisals. Tenured teachers should also receive periodic performance appraisals that include such assessment.
4. Implement A RESEARCH-BASED HEALTH EDUCATION CURRICULUM, SUCH AS THE *Michigan Model for Health*®, as an approach to improve student decision making and pro-social behavior.
5. Schedule at least one day and/or integrate throughout the required annual professional development days in-service around the stigma of mental health and/or the impact of mental health on school climate and connectedness, classroom atmosphere, academic achievement, dropout rates, and thus overall school success.
6. Incorporate staff mental health and wellness initiatives [i.e., Employee Assistance Programs (EAP)] in an effort to alleviate high teacher turnover and burnout rates as well as to improve teacher and administrator job satisfaction.

### Early Intervention

7. Institute an approved mental health policy and protocol that specifically delineates how students will be identified, assessed, and when applicable, will receive appropriate intervention including a possible referral for mental health services.
8. Review the Crisis Intervention policy annually and strengthen the Crisis Intervention Team and its role in responding to mental health concerns in the school setting as indicated.
9. Ensure the school/district is included in the community Emergency Preparedness Plan.
10. Review discipline policies to determine varied and appropriate disciplinary methods in response to mental health concerns, with an effort to avoid over-reliance on suspensions and/or expulsions.
11. Adopt a global, school climate approach to mental health and student behavior.

### Treatment

12. Create or designate a team to provide mental health assistance, including follow-up, to individual students as indicated. Each team should, at a minimum, include A MENTAL HEALTH PROVIDER SUCH AS a school social worker, PSYCHOLOGIST, COUNSELOR, OR community mental health provider; A school liaison, and other community representatives where available and appropriate.
13. Develop a memorandum of understanding (MOU) with local mental health providers that is routinely updated and revised as appropriate to outline roles, relationships, and responsibilities. These MOUs will serve to improve access to services for students and their families as indicated by their need and assessment.
14. Establish an arrangement for an on-site mental health provider (e.g., school social worker, school psychologist, SCHOOL COUNSELOR, or other ~~school~~ mental health provider) to deliver mental health treatment services to students on an on-going, as needed basis.

## **Glossary:**

Mental health - term used to describe someone who is able to respond to life stressors, interactions with others, and to make decisions, in an emotionally, rational, and stable way.

Mental illness - a diagnosable disorder that impacts a person's ability to function in day to day activities.

Social/Emotional Learning - strategies utilized in school settings that promote students' ability to manage their emotions, make responsible decisions, resolve conflict appropriately, and therefore achieve academically. This is proven to enhance student and staff mental health.

Promotion/Universal Prevention - recommendations that encompass a global perspective around mental health for all students and school personnel.

Early Intervention - recommendations that delineate how mental health needs and/or potential mental illness concerns will be addressed in school settings.

Treatment - recommendations ensuring students with mental health needs will receive the services they require allowing for their school success.



### **Summary of Public Comment Responses**

There were public comment responses received for the draft Policy on Integrating Mental Health in Schools. Also, as a follow-up to suggestions heard at the November State Board of Education meeting, the draft policy was presented at the November meeting of the Michigan Special Education Advisory Committee (SEAC). The SEAC provided group comments on the draft policy. The table below highlights the areas where the most frequent comments on the policy were made by all commenters.

Stated excitement about this policy, and were pleased that this policy was developed, and linked to related State Board of Education (SBE) policies	15
Stated the importance of this policy and the need for the SBE to have approved policy on mental health	13
Stated how this policy links with existing service and program efforts (e.g. Positive Behavior Support) in their district	8

Other general comments centered on funding, involvement of local professional staff in policy implementation, and the impact mental health issues have on students and the educational process.

Sections added to the draft are shown in capital letters. Sections omitted from the original draft are marked by strikethrough.