



## Programming: Preventative/IRT\* Models

\*(Identify – Refer – Treat)

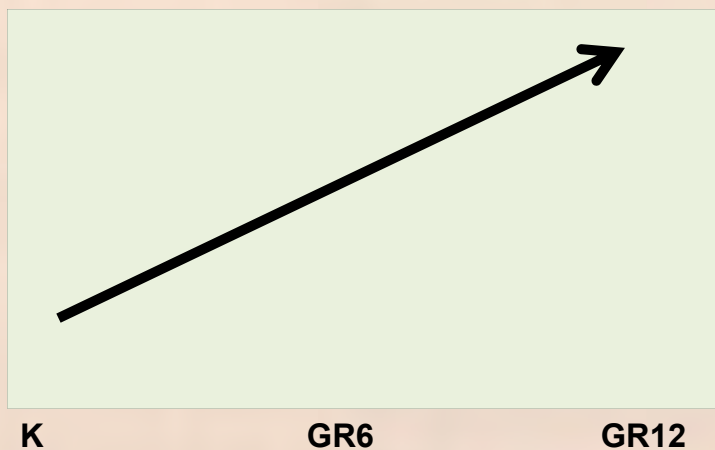
- Traditionally, top percentile most unwell or poorly functioning absorb the majority of intervention funding
- Ethics of IRT: waiting for a student to become poorly functioning enough to merit intervention or attention
- Fiscal & ethical pressures to throw everything at the students who are struggling most or at highest risk for failure



## Programming: Preventative vs IRT Models Cont.

MECHANISM OF CHANGE:

INTERNAL  
EXTERNAL



## ESHIP Clinical Data Capture Project (2007-08; N = 739)

Strongest response to specific skill domain improvement  
by developmental level:

K - GR 6: Acceptance of self, Conflict management,  
Self-confidence

Gr 10-12: Calming/relaxation, Seeks support, Child-adult  
interaction, Self-control, Peer interactions, Self-  
understanding, Learning needs, Mental/physical,  
Communication skills, Feelings awareness,  
Completion of work/effort



## School mental health like palliative care?

We may not always see the impact  
of our influence or interventions

May not always have the happy  
outcome or goal attainment aimed for

Satisfaction (peace of mind) comes from knowing that what  
we have done has provided an increase in the quality of life  
(resiliency?) for that student for the few weeks or months of  
their lives we have them



## We need to take better care of boys...

- Boys tend to be referred for externalizing issues
- Girls tend to be referred for anxiety
- Behavior is communication
- Anxiety in boys can manifest as primarily behavioral in nature, esp. when their inner world is more complex than the verbal language they have developed to identify and express their experience

**BOY:**  
[boi] *n.*  
1. A Noise  
With Dirt  
On It

## Some forms of anxiety have windows for optimal intervention points...



- School phobia
- Separation anxiety
- Critical to ensure that the environment (setting, routines, adults) does not inadvertently reinforce (and thus entrench) the fear and subsequent avoidance behaviour

## Self Esteem or Self Efficacy?

- Esteem: Level of positive feelings regarding the self; often linked to appraisal from others
- Efficacy: Confidence in one's ability to reach a goal or complete a task. Related to perceptions of competence.
- Efficacy related to:
  - Accurate self-evaluation
  - Willingness to take risks



## Anxiety is influenced by temperament at birth...

But then it becomes about how the environment (settings, routines, experiences, nutrition/health, adults) shapes its expression



Accommodation vs.  
Attenuation:

*Fear is perpetuated  
by being accommodated*

Anxious kids would all improve at least a bit if we could re-teach trust



Trust (typical reference) =

1. *I predict others behaviour*
2. *The predictability/lack thereof of the environment*

A different way to approach "trust":

*I trust MY ability to be ok on the other side of whatever might happen because I remember being through another scary/difficult time and I am here today*

## Ethics, Transparency & Other Messy Stuff

When parents think their child "*tells them everything*"...

Parents who report an especially close relationship with their children are assumed to be reasonably equipped to represent their children's thoughts, experiences, words



Address the 'elephants': outdated policies power struggles through truth-telling, transparency

Person (student) centred care is at the core of ethical interventions

## Dr Art Frank

[www.ArthurWFrank.com](http://www.ArthurWFrank.com)



Bureaucratic (Policy) Centred:  
Primarily accountable to existing institutional rules, procedures, legislation

Truth telling in health care – risks:

*“Hope to find care providers who understand that trust is earned through material action rather than through entitlement of professional status”*

Reality of patient/person/student centred care:

*“Possibility of suspending the rules or offending one’s colleagues”*

## Person Centred Care

*“nothing about me, without me”*



**The Health Foundation (UK):**

Service recipients are treated as: *“equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs... It takes into account service users' needs and views and builds relationships with family members”*

**Institute For Patient & Family Centered Care:** When done well, person centred care: *“shapes policies, programs, facility design, and staff day- to-day interactions, leads to better health outcomes, wiser allocation of resources, greater patient and family satisfaction”*

YOU SAY "T-O-MAY-T-O"  
 I SAY "T-O-MAH-T-O"



No one asked you Steve.  
 No one asked you.

## Person Centred vs Policy Centred Cont.

Policy (bureaucratic) centred: Focus on maintaining smooth and effective flow of practices/processes in an organization

School Mental Health: Intersection between two separate disciplines, both have evidence-supported approaches, ethics of practice, and standards for excellence as captured by agreed-upon metrics



The fuzzy part:

- Where might 'expertise', mandates, long-standing policies fit with a person (student) centred care approach?
- Where are the boundaries?



## Person Centred vs Policy Centred Cont.

Person centred in school settings: Family/parent involvement in planning/decision making (critically important!)

Even with best intended family members, student experience is still not fully represented

Student consent for mental health supports/intervention?

Not about being student-*focused*

Shared input and decision making designing and delivering services/programs



## Person Centred vs Policy Centred Cont.

Example: Gay-Straight Alliances (GSA's) vs Diversity Clubs \*\*

Diversity Clubs: Policy centred approach to inclusivity/safety

Gay-Straight Alliances: Person (student) centred and driven



Mental health crisis among LGBTQ youth: All mental health programs need to include this vulnerable population (Lancet, 2014)

GSA's serve as important intervention and prevention sites in K-12 schools.

\*\*Thanks Kris Wells! (ISMSS) – U of A

## Support for LGBTQ youth



Timothy Ineime/Galearnet/Corbis

Growing up is never easy, but perhaps especially so for children who realise their sexuality or gender identity is different from most around them. Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) ideation and activity can start by age 13 years, according to Youth Chances—a 5 year project to survey the experiences of LGBTQ youth in England—which reported its first results last week.

To date, 7000 16–25 year olds, including more than 6500 LGBTQ youth, have participated in the study by the charity Metro, the University of Greenwich, and the management consultancy Ergo Consulting. The results are concerning. Nearly half of LGBTQ youth surveyed reported having experienced harassment or threats and almost a quarter physical abuse. 42% of the LGBTQ group reported seeking medical help for depression and anxiety compared with 29% of heterosexual non-transgender youth. More than half of LGBTQ respondents reported self-harming now or in the past compared with 35% of heterosexual non-trans youth. And 44% of LGBTQ reported ever having thought about suicide compared with 26% of heterosexual

non-trans respondents. The survey also found that schools in particular were fearful and hostile environments for LGBTQ youth and failed badly in educational, emotional, and health information and support.

The results suggest a mental health crisis among LGBTQ youth and, indeed, their heterosexual non-trans counterparts who also reported high rates of problems. The UK Royal College of General Practitioners (RCGP) latest announcement that it was making youth mental health a priority is therefore welcome. The RCGP is recommending enhanced training in child health and mental health for general practitioners. Training should also include special consideration for mental health issues relating to LGBTQ youth.

Young people, however, might not seek help for mental health problems from the medical profession. Schools should be places where young people can find information and support, but they are not for LGBTQ youth. Remedying this situation requires urgent review by schools about their policies and services for this vulnerable group. ■ *The Lancet*

For the survey see [http://www.youthchances.org/wp-content/uploads/2014/01/YC\\_REPORT\\_FirstFindings\\_2014.pdf](http://www.youthchances.org/wp-content/uploads/2014/01/YC_REPORT_FirstFindings_2014.pdf)

For the RCGP announcement see <http://www.rcgp.org.uk/news/2014/january/gps-make-youth-mental-health-a-priority.aspx>

282

[www.thelancet.com](http://www.thelancet.com) Vol 383 January 25, 2014

## Person Centred vs Policy Centred Cont.

Example: Gay-Straight Alliances (GSA's) vs Diversity Clubs

Safe schools research has found that sexual and gender minority (LGBTQ) students report feeling safer when they have clear institutional policies which support and protect them

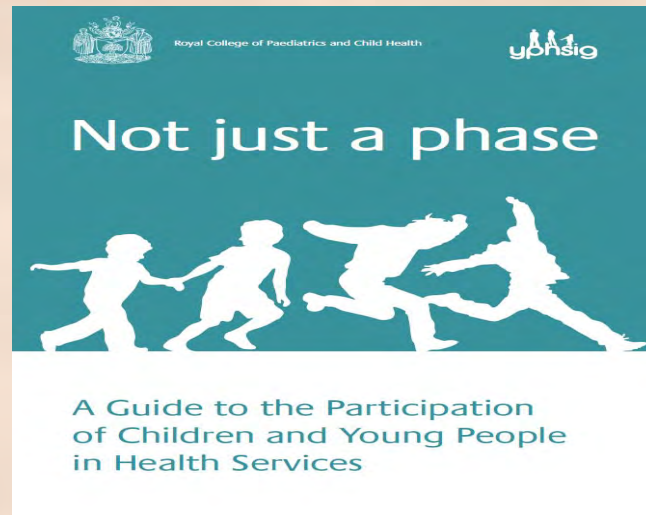


Without a specific policy in place, many staff members may not be aware of their legal, ethical, and professional obligations to appropriately respond to these concerns

## GSAs & Person(Student) Centred Care

Developing comprehensive stand alone sexual orientation & gender identity school board policies:

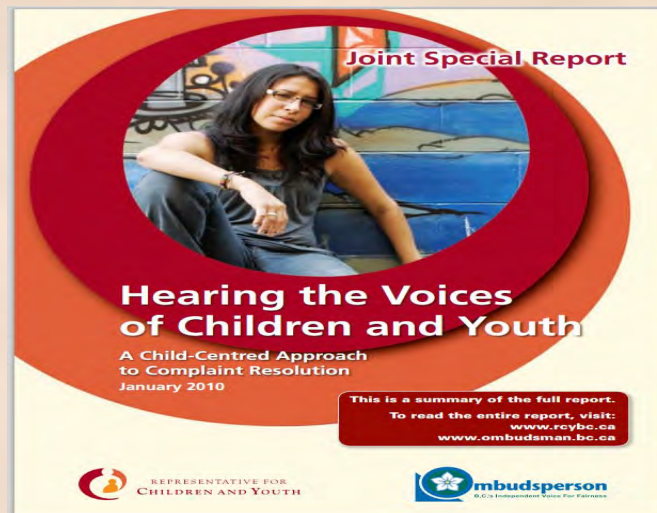
- Identifies a "safe contact" in every school
- Increases academic achievement
- Improves attendance
- Supports the unique needs of transgender students
- Proactively addresses homophobic/transphobic language, bullying, discrimination and harassment
- Increases a sense of safety & belongingness
- Positive relationships with teachers/administrators
- Sense of empowerment and hope for the future
- Supports the development of inclusive curriculum
- Supports employment equity



<http://www.rcpch.ac.uk/what-we-do/children-and-youth-participation/not-just-phase-guide-participation-children-and-young-pe>



<http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10553>



<http://www.rcybc.ca/reports-and-publications/reports/monitoring-reports/hearing-voices-children-and-youth-child-centered>

### Links Of Interest:

[http://www.ascscotland.org.uk/upload/file/Reports/RCPCH\\_Not\\_Just\\_a\\_Phase\[1\].pdf](http://www.ascscotland.org.uk/upload/file/Reports/RCPCH_Not_Just_a_Phase[1].pdf)

<http://www.rcybc.ca/reports-and-publications/reports/monitoring-reports/hearing-voices-children-and-youth-child-centered>

[http://www.mentalhealth4kids.ca/healthlibrary\\_docs/ssl-communitytransitions-serviceprovidersversion.pdf](http://www.mentalhealth4kids.ca/healthlibrary_docs/ssl-communitytransitions-serviceprovidersversion.pdf)

<http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10553>

<http://www.ipfcc.org/faq.html>

<http://www.albertahealthservices.ca/2754.asp>

<http://www.health.org.uk/areas-of-work/topics/person-centred-care/person-centred-care>

<http://ipfcc.org/>

<http://studentvoicei.org>

<http://www.ismss.ualberta.ca>

<http://safeandcaring.ca>