



SPECIAL EDUCATION NEXUS BRIEFING SERIES
School-Based Mental Health Services & School-Wide Interventions
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Remarks of John Desrochers, School Psychologist, New Canaan Public Schools, CT

Good afternoon. My name is John Desrochers and I want to thank you for this opportunity to talk with you about how we can provide children the mental health and instructional support services they need in order to succeed in school. Being here is a privilege and an honor.

I am a school psychologist in the New Canaan, Connecticut public schools and have been for nearly thirty years. I also maintain a private practice and teach graduate courses to students in the Fairfield University School Psychology program. I hold leadership positions in the Connecticut and National Associations of School Psychologists and was a principle writer of the Connecticut State Department of Education Guidelines for the Practice of School Psychology. Most recently I have had the honor of being named the national 2007 School Psychologist of the Year.

New Canaan, Connecticut, is an affluent, predominantly white, suburban school district of approximately 4,200 students located within commuting distance of New York City. I currently work in an elementary school of about 550 students. Our overall student to psychologist ratio in the district is approximately 600 to 1. This is one of the best ratios in the country, well within the 1000 to 1 maximum recommended ratio endorsed by NASP.

Today, I'm here to talk with you about school mental health services and school wide interventions for struggling learners. These issues run through both general and special education and, I would argue, create the most critical nexus between NCLB and IDEA.

Behavior Problems in the Classroom

Our challenge in education, and my purpose as a school psychologist, is to help students, parents, and teachers overcome barriers to teaching and learning. Today, these barriers are often linked to mental health and behavioral issues. Ask any teacher what she needs in order to be able to effectively teach every one of her students and, thereby, significantly boost the overall performance of her class. She is unlikely to ask you for a new curriculum, new assessment, or new teaching technique. She will want to know how to motivate a bright student who is not doing any work; how to handle the behavior of a student who disrupts the class every day; or how to get past the disengaged stares of students not invested in their schooling. Behavioral and mental health issues are the 600 pound gorilla in the middle of our classrooms. They exert tremendous influence on our teachers' ability to teach and our students' ability to learn, yet our laws pay relatively little attention to them.

School Mental Health Services and Service Providers

School mental health services directly address these barriers to learning and are essential to supporting students' academic achievement. But what are school mental health services and who provides them? In your packets you have several handouts and brochures that comprehensively address this question. School mental health services are provided by school-employed school psychologists, social workers, and counselors. In some settings we collaborate with community mental health providers who support students in school.

Our expertise lies in understanding students' specific environmental and internal barriers to learning, the link between their mental health (whether behavioral, social or emotional) and achievement, and the research-based strategies that will help them thrive both academically and developmentally.

School psychologists typically provide interventions for both individual students and the entire home-school community. I provide direct services such as counseling to individuals and small groups; family support; teacher and parent consultation; monitoring of educational outcomes; evaluation and treatment of mental health issues; and coordination with community services. School psychologists also continue to be the primary experts in research and assessment within the schools and we perform comprehensive behavioral and psycho-educational evaluations, progress and outcome monitoring, and analysis of data from standardized testing, universal screenings, and benchmark assessments. We provide services for academic, behavioral, and social-emotional issues, all of which often are interrelated.

Scope of Mental Health Problems

I conceptualize my day-to-day work in school as an effort to build the strengths children need to take advantage of the school curriculum and to reduce barriers to their being able to access instruction. I work with students in our classrooms who have significant diagnosed impairments in mental health and cognitive processing – students who are autistic, psychotic, language impaired, learning disabled, you name it. I also work with students in the classroom who do not fall under our usual IDEA disability categories and are fully included in school wide assessments. These are students who are depressed because their family is falling apart, or preoccupied because they have to get past bullies who harass them on their way home. They are students who are wondering why they can't find anyone who will sit with them at lunch, or anxious about what is going to happen now that their dad has lost his job. Some students have just plain given up on the whole idea of learning because they don't see themselves as capable, don't know how to overcome their barriers, and don't believe that they can succeed. These kids sit in their classrooms every day but they're not really "there." How can these children be expected to learn in the same way as their peers who are not experiencing these hardships? They can't without help.

The truth is that we provide help once a student enters special education but often do not provide help in general education because there is no provision in the law. The necessary child centered, early intervening, problem-solving approach works in both settings, if perhaps with different intensity and duration. But we have to integrate those mental health and instructional services in IDEA and NCLB so that all children in general and special education receive the supports they need in order to be ready to learn.

What does this kind of support look like in practice?

Well, for example, earlier this year, I was called by teachers to help when a student burst into class imitating a monkey, climbed on top of a desk, and jumped up and down making monkey noises, completely disrupting the entire class. Disruptive behavior from this student was a nearly daily occurrence and the achievement of the entire class was slipping. My job was to assess the situation, consult with the teacher, develop a behavior plan, and arrange services so that the child's behavior could improve and learning could resume in the classroom. This is a classic example of providing positive behavioral supports, with the goal being to enable this child to stay in his classroom and focus on his work, and to restore the ability of his teacher to teach, and his classmates to learn. I observed him two weeks ago and I was delighted to see him behaving himself, doing his work, and happy. I was glad to see the other students actively engaged in their work.

I work with students at this level on a regular basis. Such as the student who regularly starts screaming during class when she becomes frustrated by what her teacher is asking her to do or the student who regularly threw up in class because of emotional distress. These children have significant barriers to their own learning and their behavior in the classroom represents a significant barrier to the learning of the other children. We must address both ends of this issue in order for students in that classroom to make progress.

Need for School Wide Approaches

Sometimes schools make progress one student at a time. But the prospect is daunting. I have come to realize that we cannot efficiently or effectively address the increasing mental health needs of students by fixing them one by one. We need school-wide or district-wide approaches to preventing and reducing barriers to student achievement before they escalate into more serious problems. Such approaches include school-wide positive behavioral interventions and supports, response to intervention, social-emotional learning curricula, and a continuum of school-based mental health services that link with family and community services.

To move towards prevention and early intervention, we must improve our teamwork and coordination of services. Effective school mental health services are implemented by a team of professionals including teachers, administrators, parents and pupil/related service providers including school-employed mental health providers (like school psychologists, social workers, and counselors). I have worked with our State Education Resource Center to develop a more effective Early Intervention Planning Team in our school. This team utilizes a problem solving process, which is commonly used in processes like Response to Intervention, and focuses on preventing problems and targeting struggling learners with early intervening services.

At the local level, I have become more involved in character education, school climate, and positive youth supports initiatives as ways to strengthen the environmental supports for student learning. Improving the school climate is critical. Students cannot learn in an unhealthy, unsafe, or disconnected school environment. I lead the effort to develop Learning Supports Teams in each school and at the district level. These teams are charged with developing school- and district-wide interventions to improve social and emotional learning among all students and to

reduce systemic barriers to their learning. We started by mapping what we were already doing across the grades in the area of mental health and researching social and emotional learning programs that might be applicable to our district. Fortunately, our administrators understand the link between mental health and educational achievement and we are pushing for full equality in emphasis among the academic curriculum, school management, and social-emotional learning.

The Surgeon General says that 20% of school-aged children have some form of mental health problem. I believe it. The tragedy is that because we do not consider those children in our accountability legislation, services provided to them are fragmented, inconsistent, and marginalized in school district planning. We need a specific focus on school mental health in NCLB, minimally requiring that school improvement plans include an assessment of availability and accessibility of mental health supports in the schools including the adequacy of staffing of school psychologists, counselors, and social workers to meet the needs of struggling students. We need something similar to IDEA's allowance for 15% of funds to be spent on "early intervening services" such as the development of Learning Supports Teams and PBIS. Beyond that, I would love to see an accountability measure of each school's efforts to reduce barriers to learning through provision of school mental health services.

Focus on Mental Health and Social-Emotional Learning for Educational Improvement

I read recently that Toyota is poised to overtake General Motors as the world's largest automobile manufacturer. One reason cited for this was that, while Toyota knew that continually improving their product was important for growth, they realized they were getting diminishing returns from their investment by focusing exclusively on improving what had been done before. In order to leap ahead, they needed to focus more of their resources on an area that had not yet been thoroughly addressed – fuel-efficient cars. You get a lot more gain putting effort into a previously under-emphasized area of growth than you do by incrementally improving something that's been done before. We need to look at the reauthorization of NCLB the same way. Certainly, we should continue to improve curriculum, class size, assessments, accountability, and training. But we face diminishing returns from the approaches we have taken. The next big leap forward in educational achievement will be when we invest in the under-utilized areas of school mental health and social-emotional learning.

Need for Resources

This will not come without challenges. Even in Connecticut, which has one of the best student to school psychologist ratios in the country, and in my district where our administrators support improvement of services, we struggle with staff overload, lack of time, fragmented services, and the disconnect between general and special education service delivery. Woven throughout all of these difficulties is the marginalization of mental health services in schools. Everything my colleagues and I have accomplished in this area has been largely of our own initiative, our own time, and our own leadership, effort, and energy. Maybe that is to be commended. However, we are not by any means doing everything that needs to be done. If we were tackling an instructional area – something measured by the Connecticut Mastery Test – we would have resources in an assistant superintendent of student learning supports, subject area leaders, and routine staff training. We might even have needed staff and funds to purchase tools and materials to support our work. Again, even with a supportive administration, we have none of this and it gets discouraging at times.

So why do we keep at it?

Because:

1. We know if you remove behavioral and mental health barriers, all children will achieve;
2. We know prevention and early intervention in mental health areas improves school performance in all areas including academic achievement;
3. We know that when we gain organizational recognition that school mental health and reducing barriers to learning are co-equal in importance to the curricular and management components of a school district's approach to boosting achievement, we'll become better organized and more efficient in how we deliver services to students; and
4. We know that, ultimately, the next big gain in achievement will come not from doing more of the same only better, but from intervening in an entirely new arena of education.

Two final points in closing. First, everything I have described must take into account the linguistic and cultural diversity of our student populations. Not only must services be culturally appropriate but assessment, early intervening, and progress monitoring are critical to separating cultural issues from serious learning barriers. Second, funding for new initiatives is always an issue but I urge you not to lose sight of the big picture. Supporting students' mental health across the spectrum of needs and taking a proactive, prevention, and early intervening approach will be far more successful in terms of student outcomes and far less costly than remediating serious and entrenched problems later.

Thank you for this opportunity to share this glimpse of what we can do to help all students succeed. I look forward to answering any of your questions and continuing the discussion.