



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

CREATING CAPACITY FOR THE INTEGRATION OF MENTAL HEALTH SERVICES

FOCUS GROUP FINDINGS

Submitted to:
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EXECUTIVE SUMMARY

During the 2007/08 school year, Sacramento City Unified School District's (SCUSD) Integrated Support Services received funding from The California Endowment to work toward integrating mental health services for students in the District. To inform the planning process, ten focus groups were conducted between May and September 2008: two with students, four with parents, and four with District staff. This report presents a summary of the findings.

Youth Focus Group Highlights

Youth participants discussed sources of stress, qualities they would seek in adult helpers, barriers to help, how schools can help, and how mental health and academic performance are related. The following chart summarizes student input.

<i>Sources of stress for students</i>	<ul style="list-style-type: none"> ➤ Issues at home: Divorce; parent abandonment; death of a family member; physical, mental, or emotional abuse; domestic violence; and financial problems ➤ Interpersonal relationships among youth: Peer pressure, rumors, dealing with personal problems, boyfriend/girlfriend issues ➤ High risk behaviors: Alcohol and other drugs, gangs, violence, and sexuality ➤ Basic needs: Helping out family financially or by providing childcare for working parent ➤ School performance: Keeping up grades, getting promoted, graduating
<i>Characteristics that help students seek out help from a caring adult</i>	<ul style="list-style-type: none"> ➤ Trustworthiness; assurances about respecting confidentiality ➤ Understanding youth stressors ➤ Approachable helper ➤ Nonjudgmental adult
<i>Barriers that impede students seeking help</i>	<ul style="list-style-type: none"> ➤ Concern for breach in confidentiality ➤ Youth pride, shame, fear, anger ➤ Cultural and familial privacy
<i>How schools can help students with social and emotional issues</i>	<ul style="list-style-type: none"> ➤ Increase teacher skills: Approachability, responsiveness, trust, and youth development ➤ Provide private location for private matters: Either on-site or off-site ➤ Make stress management programs available for youth ➤ Promote general awareness of social and emotional health and how to access help
<i>Relationship between student mental health and academic performance</i>	<ul style="list-style-type: none"> ➤ Social and emotional problems as a learning distraction ➤ Student preoccupation with social and emotional problems instead of class ➤ Teachers with their own mental health stressors related to the job, standardized test score focus, accomplishments

Parent Focus Group Highlights

Four parent focus groups were conducted, one with Latino parents, one with Hmong parents, one with African American parents, and one with a general group of parents. All parents agreed they would “do whatever it takes” to provide help for their child. However, there were some variations among parent responses by ethnic group. Parents would seek help for the social and emotional needs of their child, as follows:

<i>Latino families</i>	<ul style="list-style-type: none"> ➤ Open to seeking help from outside the family ➤ Would seek help from schools ➤ Seek help from community-based organizations.
<i>Hmong families</i>	<ul style="list-style-type: none"> ➤ Seek help from relatives and “clan leaders” ➤ Not familiar with concept or practice of seeking help from a “counselor” ➤ Open to going outside family or clan for help with pregnancy, gang, academic failure and alcohol and other drug related issues ➤ Uncertainty about laws in the United States and fear of Child Protective Services
<i>African American families</i>	<ul style="list-style-type: none"> ➤ Turn to family members for help ➤ May turn to school and teachers for help ➤ Would utilize counselor as a “last resort” ➤ Counselor would need to establish credibility with parent before they would allow children

In general, parents stated if they go to the school for help, often the staff is unsure how to help and the response time is slow. If they are referred out of the school system for help, barriers include cost, language and culture, and fear – fear that counseling might make things worse. Parents are not confident that schools can respond.

School Staff Focus Group Highlights

Four focus groups were conducted with school staff including teachers, school psychologists, school counselors, social workers, principals, and administrative staff from Integrated Support Services, Student Family Support Services, Assessment, Research, and Evaluation, Special Education, Health Services, Curriculum, and Professional Development. Findings included:

- School staff are aware of youth issues, but need training on how to help youth manage these issues.
- Staff are aware of issues and barriers that families face when trying to access services or help from the school.
- There are many systemic and institutional barriers to accessing mental health services.

- How schools respond to social and emotional health and wellbeing is not uniform and varies by site.
- Staff perception is that parents do not follow through on referrals, need education on mental health issues in children, and might benefit from case management.
- School personnel had the most concrete suggestions about optimizing existing resources and enhancing the existing infrastructure to respond to student social and emotional issues.

Conclusion

If the District proceeds with integrating mental health services into the school system, an infrastructure needs to be developed. The infrastructure needs to include: an overall understanding of the relationship between mental health and academic performance; training and support to school level staff on social and emotional health and issues; a list of resources available for school sites; and a level of consistency across school sites. In addition, both students and parents would welcome information and awareness related to student mental health issues, in a context that generalizes and is nonjudgmental, leaving open the door for students to seek help. Suggested methods for integrating mental health services into the District include expanding and retooling existing resources, developing strategically placed counseling centers, or having one main centrally located counseling center. No matter what the method, staff training on the procedures to access services is necessary, and staff would welcome additional resources to support this expanded role for the schools.

SECTION 1 INTRODUCTION AND BACKGROUND

Since the Columbine shooting in 1999, student mental health and wellbeing has come to the forefront as concern to the public. Students today face many stresses related to peer pressure, family problems, and school related issues. In Sacramento City Unified School District, between 32 and 39 percent of students reported “feeling sad” and/or “had hopeless feelings almost every day for two weeks or more” which stopped them from doing usual activities.¹ This rate increased for female students to almost half.² And in California, between 14 and 21 percent of students have seriously considered suicide.³ The stresses that students bring to school affect how children learn.

Sacramento City Unified School District (SCUSD) is one of the largest school districts in California, serving almost 50,000 Sacramento students. The District is culturally diverse, consisting of a student population that is 32 percent Hispanic or Latino, and 21 percent Asian, African American, and White.⁴ The District is more diverse than students in Sacramento County and the State of California. Students in the District speak 44 different languages, over one-quarter (27%) of whom are English Language Learners (ELL), and another 11 percent for whom English is a second language but are proficient in English.⁵ Stresses from cultural differences and language barriers coupled with stresses from family, school, and peers can be immense.

Sacramento City Unified School District staff are aware students need help with a variety of social and emotional issues and are seeking methods to providing this support. In order to better understand student needs and develop a plan, SCUSD’s Integrated Support Services requested and was awarded funding from The California Endowment to work toward implementing mental health services for students in the District. The overall project outcomes include:

- Improving access to mental health services for students of Sacramento City Unified School District
- Increasing and improving integration of health and mental health services within the school district

¹ California Healthy Kids Sacramento City Unified Technical Report Fall 2007. Section A Physical and Mental Health Table A.7.2: 37% of 7th grade, 39% of 9th grade, 35% of 11th grade, and 32% of non tradition school high school students.

² Ibid. Table A7.3. 41% of 7th grade, 46% of 9th grade, 40% of 11th grade, and 46% of continuation and alternative students

³ California Healthy Kids Aggregated California Data Technical Report 2005-2007. Section C Suicide Ideation Table C34: 21% of 7th grade, 14% of 9th grade, 14% of 11th grade and 17% of non-tradition high school students

⁴ California Department of Education, Educational Demographics Unit. 2007-08 District Enrollment by Ethnicity. Retrieved from <http://data1.cde.ca.gov/dataquest/dataquest.asp> retrieved October 9, 2008.

⁵ California Department of Education, Educational Demographics Unit. 2007-08 Number and Percent of Students Redesignated to FEP Report. Retrieved from <http://data1.cde.ca.gov/dataquest/dataquest.asp> retrieved October 9, 2008.

- Increasing knowledge of school board and administrators on the health and mental health needs of students.
- Increasing funding for mental health services in Sacramento City Unified School District by 10 percent.
- Improving student academic outcomes.

One of the objectives of the project included conducting a minimum of six focus groups in the District with students, parents, and school staff. Integrated Support Services contracted with LPC Consulting Associates, Inc. to create discussion questions, observe the focus groups and develop a report of findings from the focus groups. This report discusses the findings from the focus groups.

SECTION 2 METHODOLOGY

Between May and September 2008, SCUSD conducted ten focus groups: two with students, four with parents, and four with District staff. The focus groups included:

- Students - The student focus groups included one with students from Fern Bacon Middle School and one with students from Hiram Johnson High School. School staff recruited students to participate, with a total of 15 student participants.
- Parents – The parent focus groups consisted of meeting with a combination of existing parents groups and parents brought together for the purpose of this project. Four parent forums were held, one for Hispanic/Latino parents, one for Hmong parents, one for African American parents, and one for parents in general. The focus groups were conducted this way to allow for input from non-English speaking parents and to allow for cultural difference to be identified. A total of 57 parents participated.
- School staff – The District hosted four forums with 38 school staff, representing staff from various elementary, middle, and high schools and District level staff. The focus groups included teachers, school psychologists, school counselors, social workers, principals, and administrative staff from Integrated Support Services, Student Family Support Services, Assessment, Research, and Evaluation, Special Education, Health Services, Curriculum, and Professional Development.

Staff from Integrated Support Services facilitated the focus groups while LPC staff observed the focus group and took notes. Each focus group consisted of a set of specific questions (Attachment A). Focus group questions varied slightly based on the audience, but in general, the facilitators asked questions in order to gain insight to address the following issues:

- What are issues students need help with?
- Where do students, families, and school staff turn for help?
- What challenges and barriers do students, families, and staff face when seeking help?
- What are school's doing to help students and families with social and emotional needs?
- What support do teachers and staff need to understand social and emotional needs of the students?
- What would the integration of social and emotional services look like?

Sections 3 through 5 of this report discuss responses from the these focus groups. Section 3 presents a summary of responses from youth. Section 4 presents a summary of parent input. And Section 5 presents a summary of school staff input. Section 6 draws conclusions from the full range of focus group participant responses, with recommendations for the District's Mental Health Services Plan.

SECTION 3 STUDENT FINDINGS

This section presents responses from youth focus group participants. It addresses each element of the focus group: issues youth face; sources of help; barriers to help; how the school can help students with mental health issues; and, the relationship between mental health and academic performance. Where pertinent, differences between middle and high school student responses are presented.

3.1 *Issues Youth Face*

Youth reported “family issues” and “situations at home” as sources of stress, such as: divorce; parent abandonment; death of a family member; physical, mental, or emotional abuse; domestic violence; and financial problems. Another source of stress was youth relationship issues. These issues involved peer pressure, friends and classmates spreading rumors, trying to help friends deal with problems, and relationship issues between boyfriends and girlfriends. In addition, students reported a need for help with alcohol and drug issues, gang involvement, violence, and sexual promiscuity. The lack of basic needs is also a source of stress. Basic needs included money issues, jobs and employment, transportation, time management skills, and safety. School issues, such as homework, grades, and understanding curriculum were also mentioned as sources of stress. Multiple sources of stress can accumulate in children and youth leading to levels of severity that would warrant help from a caring adult. The issues identified by these youth illustrate there is a need to help teach children and youth mechanisms for dealing with stress.

3.2 *Sources of help*

Both middle and high school students reported school as a place where students would go for help on issues. Sources within the school included the school counselor, teachers, the vice-principals, and the school nurse. However, it was reported that in order for students to feel they could turn to school staff for help, that person needed certain characteristics, such as being understanding, trustworthy, friendly, nice, and approachable. Students needed to feel the staff would be “cool” with their issue, would “relate” to the students, and have the ability to make the student feel better.

Middle and high school students identified different sources for non-school support. Middle school students identified relatives, such as parents, grandparents, or aunts and uncles, as well as neighbors as potential sources of help. High school students reported non-familial resources, such as non-school related coaches, co-workers, and therapists as sources of help. References to outside sources of help for high school students may be related to increased exposure to trustworthy adults as the circle of adults expand with the teen’s experiences.

3.3 Barriers to Help

Students expressed many concerns about seeking help, dominated by “trust”. They were worried about confidentiality issues if they were to “open up,” and risk of being the subject of gossip among peers. Some recognized that they had personal barriers that might prevent them from reaching out for help. These personal barriers included pride, shame, fear, anger, immaturity, and shyness. Some students expressed concerns that were cultural and familial, such as “what happens at home stays at home.” Thus, as family issues were one of the most reported issues with students, some found that it would be difficult to talk about these issues.

Other barriers to help included fear of reaching out and *not being able to relate to the person* or that the person would not take them seriously by thinking *kids don’t have it tough, they don’t have worries, problems, or stresses, so how can they need help?* Even with these barriers, students reported that the *biggest barrier would be talking to someone they do not know*. They felt that if the person was a “familiar face” and “someone they knew,” they would be able to trust that person and be able to turn to them in a time of need.

3.4 How Schools Can Help Students with Mental Health Issues

The students had several suggestions on ways a school can help students with mental health issues. Most of the suggestion related to working with staff on basic communication techniques, This included helping teachers to be friendly and empathetic to students and not using “put downs.” The students expressed concern and understanding about the pressures teachers face with increasing test scores and exit exam rates and they recognized that this pressure is causing stress in teachers performing their job and their general attitude about their job. However, the students felt that the environment would benefit for all if teachers “listened” and were “friendly”, “approachable”, and “empathetic” to students and if they tried to take more interest in the students personally by simply checking in and asking *how are you doing* or *what have you been up to*. It was also suggested that teachers be more observant to moods of students and recognize *when something is wrong with a student* or that *sometimes a kid just has a bad day*.

Other suggestions for teachers included having an “open door policy” which would let students know they were ready to listen and would be “there for them.” Since reaching out for help is difficult for students, it was suggested that staff understand the responsibility of a student asking for help, which means if a student asks for help, the staff really need to respond immediately.

Most of the students reported that if they need to talk to someone about a mental health issue, they would want to talk to someone one-on-one in a private, quiet office at school. However, some stated that if the issue involved the school they might feel more comfortable talking to someone outside of school, maybe in their neighborhood. Nevertheless, most students felt that it would be easier to open up to someone who

worked at the school and they saw at everyday. Students were open to meeting with someone either before school, after school, or during lunch.

All students felt that school staff needs to better understand problems that face today's youth. The general feeling was that *most school staff have no idea what is going on* in the students' personal lives; some wanted to keep it that way for fear of being judged or talked about among the staff. However, most reported they would appreciate the teachers "checking-in" with them once in a while.

Students felt staff would benefit from more education on stresses youth face, such as gang violence, relationship issues, and the time constraints of school, work, and family obligations. Many felt that most teachers were not approachable or sympathetic to these stressors. However, all students stated that they could think of at least one teacher they could turn to if they needed help. They also stated they would feel more comfortable going to a teacher rather than another school staff person for help because they know the teachers. Conversely, students do not consider going to the school counselor because they do not know them since they only see them if they need a schedule change.

Students were asked for suggestions on ways for schools to share information on stress reduction. Middle school student suggestions varied from decreasing work load, to having teachers that really listen to students, to having teachers talk to students on a personal level. They also suggested schools conduct group presentations on certain topics. They thought this would help because students would realize other people have the same issues or problems and/or give students skills to help their friends if a problem arises. However, some felt the group method would not help if it was a deeply personal problem, in which individual help would be more appropriate.

High school students suggested teachers learn about student stressors and then spend time in class talking about these stressors and stress management techniques. It was also suggested that school counselors teach sessions on stress management, in which most students stated they would participate. One student reported that *students often don't know they are stressed, they just keep going and getting more stressed, which then makes them angry without knowing why they are acting the way they are.*

3.5 Relationship Between Mental Health and Academic Performance

Almost all of the middle school students and all of the high school students reported that there is a definite relationship between their mental health and how they perform in school. They explained that if a student is preoccupied with issues going on in life, they are distracted in class which makes learning difficult. It was expressed that teachers expect students to leave their issues "outside" the classroom, but that the students do not know how and often *spend the whole time in class worrying about what will happen outside of school.* One student reported that she is not doing well in first period because,

Every morning my mom and I argue on the way to school so I spend all 1st period thinking about the argument and end up not knowing what is going on in class.

During these times, students stated they would like the teacher to ask “do you want to talk?” Even if they chose not to talk, they said it would help knowing the teacher recognized they were having a bad day and left the door open to helping. One student reported *some teachers don't notice if you are having a bad day* to which another responded *yeah, they know, they just don't care* to which another responded *they care, they just don't know how to cope with their own stresses, especially the core subject teachers who can't take time out of their teaching due to the pressures put on teachers.* This conversation led to the idea that not only do students need to learn about how to handle stress, but so do teachers. And, like stress affects students learning, stress affect the way teachers work.

SECTION 4 PARENT FINDINGS

Four parent focus groups were conducted, one with a general group of parents and the others with Latino parents, Hmong parents, and African American parents. This section of the report addresses parents' responses to: how parents address mental health issues; barriers to accessing help; and, ways the school can help students with mental health issues. Some of the findings are reported for the group overall and where differences were identified, by cultural groups.

4.1 How Parents Try to Help Their Child

All parents agreed that if their child is having a problem the first step would be to talk to their child. If the child was not open to talking to the parent or if the parent felt like they needed help in dealing with the issue, the next steps varied by the cultural group.

Hmong Parents

The Hmong parents reported they would ask a family member or relative for help, that *traditionally Hmong families seek help from their relatives and clan leaders to resolve domestic issues*. Another method Hmong families identified was going to their religious leaders at church for help. When asked if they would seek help from a counselor, almost half of the Hmong parents responded that a counselor was a term they were not familiar with, so therefore they were unaware of the role of a counselor. After the role of a counselor was explained, most of the parents reported that they would seek help if they or their relatives were unable to help, especially if the problem was related to teen pregnancy, academic failure, drugs, alcohol, and gangs.

Latino Parents

Latino parents stated if they were unable to help their child, they would seek help from a counselor or therapist. When asked if they would go to the school for help, the majority reported they would. However, some reported difficulty when trying to get help from schools or that help is not offered in a timely manner. In these situations, they rely on the community for help. Situations in which parents would seek out a counselor or therapists include drug use, if child is too quiet and withdrawn, or if they noticed a sudden change in behavior.

African American Parents

African American parents reported they would first turn to family members for help, and if that does not help they would turn to the school. Almost all reported that the child's teacher would be the first option, because the teacher knows the child and sees them everyday. Parents reported that they teach their child not to talk to or trust strangers, so the idea of their child talking to someone that they see often at school "makes sense." However, one parent reported they *would not talk to a teacher because that might bring Child Protective Services to your house*. When asked specifically about seeking help

with a counselor, they stated that they would *have to try all the other options before considering counseling* or that *a long time of problems would have to go by before seeking counseling*. But all agreed that they would eventually try counseling *somewhere down the road*. However, it was reported that if the counselor was on campus they would be comfortable with the idea of counseling because: the counselor would be a familiar face, parents would be able to communicate with them, parents would have a chance to develop trust in them, and the counselor would be available if other issues came up while the counselor is working with the child. One of the biggest concerns for parents was they wanted the person around a lot to *make sure the counselor is a good person*.

4.2 Challenges and Barriers

Parents listed several challenges and barriers when trying to help their child with mental health needs. Some barriers were specific to cultural groups, while others were in general. Below lists the barriers, and if applicable, the cultural differences for each barrier.

- **Access** - One of the biggest challenges for all parents was access, or *knowing where to go* for help. However, depending on the group, the access barrier was different. The Hmong, Latino, and Africa American parents reported they would not know where to go but would start by asking the school. Even though these parents might start with the school, it was reported by the Latino parents that when they go to school for help, the staff often do not know where to direct people. The focus group of mixed parents stated that they do not think to turn to the school for health needs; they think more of turning to resources in the community. In addition, the group reported referral delays are a barrier to access. Often children are not referred until the situation is very bad at school, and parents think a child could benefit from services earlier. An additional barrier for Hmong participants was cost; they felt the cost might prohibitive of them seeking help from a therapist or counselor.
- **Cultural and Language Barriers** - Another barrier was cultural differences and language barriers. Parents reported that there is limited bilingual staff and interpretation available. Hmong and Latino parents prefer counselors that speak their language and Hmong parents want *someone who is from my culture and would relate to me better*.
- **Stigma** - Stigma was an issue with the mixed group of parents, but not with the culture specific groups. The mixed group of parents felt there was still a stigma with mental health problems and were worried that teachers and administrators would judge their child if they knew they were receiving help. The Hmong, Latino, and African American groups were not concerned about what people thought. They felt that mental health issues are more common now and that the most important thing was *their child was get the help they need*.
- **Fear** – Fear was a barrier for some, fear that counseling might make the child worse, or act out, or fear that counseling would bring about other issues. Hmong

parents also had fear of the laws and practices in the United States, stating that they would be afraid to “make” their child meet with a counselor for fear of violating any child abuse laws.

Even with the identified barriers and challenges, almost all of the parents stated the most important thing was that their child gets help, and they would try anything to get help for their child.

4.3 How Schools Can Help Students with Mental Health Issues

Parents discussed ways in which the school can help students deal with stressors and mental health. The suggestions included parent education, parent support, teacher and staff education, communication, prevention programs, and counseling centers.

Parent Education

Educating parents on mental health issues was one of the main suggestions. Parents felt that many parents do not know much about signs and symptoms of mental health as well as where to get help if it is needed. Ideas on ways to educate parents included:

- Parent Workshops - Many parents are not knowledgeable on the normal stages of child development; by educating parents on these stages parents will learn what is considered the norm. Parent workshops need to have translators and preferably be taught by someone with the same cultural background, such as a peer-to-peer approach.
- Information Dissemination - Include information on mental health issues in various areas of District, such as on the website, in the newsletter, at community events, and at harvest festivals. One parent stated *have the information everywhere so parents are bombarded with the information, so mental health is on everyone's mind*. The more the information is out there, the more parents will hear the information, because as one parent stated, *often the parents who need to hear the information are not the ones who attend workshops and trainings*.

Parent Support

Many parents reported they would like the schools to offer parent support. Ideas included offering support groups for parents to share and discuss issues, while other thought offering individual counseling for parents would help. Parent support is a way to educate parents, while involving parents in the school.

Teacher and Staff Education

Parents suggested teachers and staff learn more about recognizing mental health issues in children. Traditional teacher training does not include training on mental health signs and symptoms, yet they have to deal with children who may display troubling behaviors. Parents felt that if State credentialing does not require this training, then the

District should train the teachers to recognize signs and symptoms of mental health problems, how mental health affects learning, and what to do when a child exhibits symptoms. One parent suggested that teachers receive more training on classroom management and discipline, such as how to redirect behaviors in a child who is acting out. In addition, teachers and staff need training on where to refer parents when mental health needs arise. Parents count on schools for advice; therefore, schools need a system in place when parents come to them for help.

Communication

Parents felt that communication between the school and the parents needs improvement. Parents want to be involved in the decisions on how the school handles issues with their child, and want to hear about mishaps before they escalate into something big enough to require intervention.

School-Based Prevention Programs

Many parents thought schools respond to issues reactively rather than proactively. School-based prevention programs would allow the schools to be proactive in dealing with issues on bullying, peer pressure, alcohol and drug use and abuse, and gangs and violence. They felt that many of the stressors in children's lives come from these issues. By discussing these issues children will experience less stress, thus increasing their health and wellbeing.

School-Based Counseling Center

Most parents thought a school-based counseling center would be ideal and offer easy access to counseling services. However, they described a deviation from the existing counseling offices with the academic counselors, but rather a counseling center with mental health counselors available to help their children deal with stressors. Parents suggested the counseling center employ diverse mental health staff with expertise in gangs, alcohol and drugs, and family problems.

Even with the suggestions on ways schools can help children with mental health issues, parents seemed in general agreement that *their child's needs are ultimately the parent's responsibility* and that parents need to follow through when issues arise.

SECTION 5 STAFF FINDINGS

Four focus groups were conducted with 38 school staff members from various elementary, middle, and high schools and District level staff. The focus groups included teachers, school psychologists, school counselors, social workers, principals, and administrative staff from Integrated Support Services, Student Family Support Services, Assessment, Research, and Evaluation, Special Education, Health Services, Curriculum, and Professional Development. The staff focus groups gathered information on issues youth face; what schools currently do when someone needs mental health services; challenges and barriers to providing mental health services; ways the schools and District can support mental health needs; and, ideas on integrating mental health services into the school setting. The following section summarizes the findings from the staff focus groups.

5.1 *Issues Youth Face*

School staff identified a list of issues that are common for today's youth to deal with. These issues clustered into family issues, social skills and communication, problem behaviors, basic needs, and relationships.

Family issues

School staff noted that “family issues” are one of the main issues students deal with and often extend into other problems. For example, many children in the District are in “constant transition,” often bouncing from school to school as the family or living situation changes. This constant movement causes stress to a child, which is often expressed as anger – anger at the family for causing stress, anger that they do not do well in school because of the frequent transitions, and anger because they can not do anything to change their situation. Youth bring their anger to school which causes problems, either socially, academically, or behaviorally. One staff member reported

On any day I walk out to the playground and there are children overwhelmed by anger, it does not matter what age, it is any age group.

The anger is not only seen in the students, but in the family as well. It was pointed out that anger is a symptom to which the school responds, rather than addressing the “etiology” of the behavior. One principal reported he

could easily quadruple his referrals for anger management, but that he limits them to the worse cases due to limited referral resources.

Dealing with the underlying cause for the anger and acting out behavior would be more effective, and more likely prevent subsequent incidents.

Social Skill and Communication

Staff reported that “social issues” and “peer pressure” were a concern for youth as well, but felt that overall help on “social skills development” and “communication skills” were essential to helping youth succeed. Social skills development would also help with other issues that arise among students, related to isolation, relationships, and bullying.

Problem Behaviors

Staff reported that students need help with alcohol and drug issues, gang related issues, eating disorders, sexual promiscuity and precociousness, and bullying. In regard to bullying, two new types of bullying are increasing: cyber bullying and girl bullying. Cyber bullying consists of misusing electronic communication to harass people and has increased with the use of the Internet, email, text messages, and social networking sites.⁶ Girl bullying is different from boy bullying because girls use relational aggression, such as spreading rumors, sharing secrets, gossiping, and excluding their victim, rather than physical aggression.⁷ The effects of girl bullying are just as detrimental as physical bullying. Many of these behaviors are a result of family issues and lack of healthy social skills; however they are immediate problematic behaviors that require quick intervention.

Basic Needs

Students need help with basic needs, such as money issues, jobs and employment, transportation, time management, and safety. The lack of basic needs causes problems, such as anger due to inconsistency in the child’s life and isolation due to lack of a safe neighborhood to play. Many of these basic needs prevent student success:

- lack of transportation prevents a student from employment, to help with money problems;
- need to work and do chores prevents the youth from having time to complete homework;
- lack of a quiet home environment, prevents a child from completing homework and/or getting enough sleep to function to their potential at school.

It was also reported:

⁶ Scottish Parent Teacher Council and Learning and Teaching Scotland Version 2. (2002) *Bullying Online*. Retrieved 10/14/08 from http://www.besafeonline.org/English/bullying_online.htm

⁷ National Crime Prevention Council (2008) *Girls and Bullying*. retrieved 10/144/2008 from <http://www.ncpc.org/topics/by-audience/parents/for-girls/girls-and-bullying>

Children need unstructured time... that they need time to just be – not on the playground, not in the classroom, but someplace to be who they are.

Relationships

School staff reported that students need help with relationships. This includes relationships with their friends, family, teachers, other students, and boyfriends or girlfriends. Students need to have a trusting adult to talk to or help them with these relationships. One staff person echoed this need by saying

Youth just need to be heard – they need someone to listen to them, some one-on-one contact with an adult.

5.2 What Schools Are Doing To Help Children with Mental Health

School staff and psychologists were asked their current practice when dealing with a child with mental health needs. They reported there is no “cookie cutter” approach; that each child needs an individual response. However, the first step is to talk with the child. If it is determined they need more help, they seek out help. If Healthy Start Family Resource Centers⁸ are available on campus, staff utilize the center to help students. If a Healthy Start Family Resource Center is not available, next steps might include: discussing issue with peers to see if they have any solutions, talking with the parents about the need for more help, seeking help from a nurse or community liaison, or going on a “fact-finding” mission for community-based services.

Unless a school has access to contract hired school psychologists to offer support for mental health services, most school psychologists are too busy with special education testing services to deal with mental health issues. As a result, teachers and staff respond to students by referring them to outside services. If they need to make a referral, they refer to the Child and Family Access Team⁹. One psychologist reported that

Unfortunately we do not have time to contact the parents to discuss issues or resources, so we just make a referral and hope the referral is followed.

⁸ Healthy Start Family Resource Centers are school-based support center focusing on youth social, emotional and cognitive development. Healthy Start is a long-term, results-based change initiative offered at 20 schools within the Sacramento City Unified School District, including 16 elementary, two middle, and two high schools.

⁹ *Child and Family Access Team, Child and Family Integrated System of Care, Sacramento County's Division of Mental Health, Department of Health and Human Services* – A referral to the Child and Family Access Team is the entry point for all county-operated and contracted child and family planned mental health services. The team screens and links Sacramento County children and youth between the ages of 0-20 years to the appropriate mental health service. Provides information and referral services for all Child and Family Integrated System of Care services as well as other community resources.

The school psychologists reported that there are no systems in place to allow them to build relationships with students. Thus, students and parents would be advised to see someone else for mental health issues. One suggestion was to start the Student Study Team¹⁰ process, *that this would get the process started in a small way.*

5.3 Challenges and Barriers

School staff identified several challenges and barriers when trying to help students address mental health issues. Most of the challenges and barriers were related to access to mental health care, family situations, parent education, lack of communication with referring person, disparity among schools, space limitations, resources, and lack of time.

Access to Mental Health Care

There are a variety of institutional and systemic barriers to responding to students with mental health issues. Many families have limited access to care, whether they have insurance or not. If they have insurance, they may encounter obstacles with their insurance or health care provider. For example, families Kaiser Permanente insurance coverage find it is very difficult to get a child mental health care with Kaiser. If the family succeeds, Kaiser will only see the patient once a month whereas a child on MediCal can be seen once a week. If a student does not have insurance and they are referred to the Child and Family Access Team, the county can take a long time to contact the family. With a clientele as transient as many of the families in the District, often the phone numbers are disconnected by the time the Access Team tried to contact the family. If the family is contacted and agrees to an appointment, they often have transportation problems thus resulting in “no showing” to the appointment.

Other challenges and barriers were identified for specific populations. One such population is the uninsured, lower middle class. This group has difficulty accessing care due to an income qualification for county programs, yet costs for fee-for-service care are often prohibitive. There are also challenges with undocumented immigrants receiving services as well as services available for different ethnic groups. Another population that is difficult to serve is children with conduct disorder.¹¹ These children do not qualify for special education services.

¹⁰ A Student Study Team is a meeting with school staff and may include the principal, the resource specialist, the school psychologist, the school nurse, counselor and classroom teacher. The purpose of the meeting is to determine the best interventions for children with special needs. Team members discuss strengths, needs and possible teaching strategies for children who are referred for help.

¹¹ American Academy of Child & Adolescent Psychiatry defines conduct disorder “a group of behavioral and emotional problems in youngsters. Children and adolescents with this disorder have great difficulty following rules and behaving in a socially acceptable way. They are often viewed by other children, adults and social agencies as “bad” or delinquent, rather than mentally ill. Many

Family Situation

For the students who are referred to the Family Access Team for help, the family is often a barrier. Barriers from families include:

- Parent Trust – Many parents do not trust the school or have had negative experiences with the school system. Therefore the school has no credibility in the eyes of the parents.
- Family Follow Through – Trying to get families to follow through with outside service referral is difficult. One staff person reported

The hardest part is getting the parents to follow-through. In my 15 years of teaching I have had maybe only 10 families follow through to an outside referral.

School staff identified reasons for lack of follow-through: parental denial about student problems; lack of parental involvement in child's life; parents too busy; child is from a broken home and the parents do not communicate clearly about child needs; or, parental alcohol and drug abuse diminishes parental responsibilities.

- Fear – Some parents are resistant to counseling because they are afraid of the outcome. They are either afraid the child will start acting worse, that counseling will uncover problems in the family, or the family is hiding something they do not want revealed to counselors.

There are many family situations that can get in the way of children receiving needed care. As one staff member stated

Many of the problems are multi-generational. You have a single mom who is beaten down, angry, lacks skills to raise kids, and does not understand the system – she shows up angry and acts like her kids, so then you try to pull in the grandparents and it is the same thing, they act just like the mother, who is acting like her kid.

Parent Education

Parents need to be educated on mental health issues and how they affect learning. Unfortunately, often it is the parents who will not attend parent education classes that need the education the most. Parents also need education on what services the school and District offer and how to access these resources. In addition, parents need to learn

factors may contribute to a child developing conduct disorder, including brain damage, child abuse, genetic vulnerability, school failure, and traumatic life experiences.”

the methods in which schools try to help students; many see these methods as a threat, rather than help for the student.

Lack of Communication with Referring Person

Once a family is referred to care, many other challenges begin. One prominent challenge is the lack of communication about the care the child is receiving. Staff reported when a child is referred to the Child and Family Access Team, it takes quite a while for the Team to contact the family. Knowing if and when they contact the family is a problem. If they are unsuccessful contacting the family, they close the case but do not notify the referring person. Staff lack the time to continually follow-up on if the family is contacted. If the family receives care, there is no communication between the counselor and the referring staff member due to confidentiality.

Disparity Among Schools

School staff stated another barrier was the disparity of resources available among schools. Some schools have Healthy Start Family Resource Centers, while others have nurses, school counselors, an on-site counselor, or have a contract with a school psychologist. Then there are some schools with none of these services. According to focus group respondents, the emphasis on the social and emotional development varies by school, when it should be a District emphasis. All schools should offer more uniform services to improve social and emotional skills of students.

Space

Space is also an issue when schools try to help families with private matters. If a school has a contract with a school psychologist, or if they have made arrangements with provider from the Child and Family Access Team to come on-site to provide services, schools often do not have a quiet, private location for families to receive help. A quiet location which offers confidentiality is key when helping families with personal matters.

Resources

Another barrier that staff encounter when they try to help students and parents with mental health needs is resources. Staff reported they do not know who to contact when an issue arises or what they are to do. Staff felt it would help if the District provided an up-to-date list of community resources of options for families as well as resources to help staff.

Lack of Time

Lack of time was an issue for most staff. School psychologists reported that due to their heavy testing schedule, they lack time to spend on social and emotional issues and lack time to follow-up on referrals to services. Teachers reported a lack of time to spend on social and emotional development in the classroom because many of the school administrators will not allow them to spend class time on non-academic teaching. As a

result teachers are restricting or limiting preventative measures, such as providing prevention curriculum. Additionally, many parents come to teachers for advice or help when they barely have the time to deal with their own students, making helping parents and families difficult. All school site staff said it was difficult to find the time to research resources for families.

5.4 How Can Schools Support Emotional Needs of Students

Staff were asked if schools have a responsibility to supporting the emotional needs of their students, and if so how schools can do this. Almost all of the staff stated that “yes” the schools need to support the emotional needs of their students, that

Schools do not have a choice, if they want to teach them we need to address these issues.

It was the general consensus that educators are

there to teach them academics, but we are never going to be successful if we do not deal with the issues.

One staff reminded the group that

The government decided to create public education so we can create stable, educated citizens who can make informed decisions. When this happened, the minute the government said this, they made a commitment to do what it takes to educate the citizens.

School staff provided feedback on methods in which schools can support the emotional needs of students.

5.4.1 Provide space and partnerships

Most staff suggested that the school should provide services to address student issues, while some believe they should not. Either way many agreed the schools should be responsible for supplying the space for services and the partnerships or relationships to get services to the school and families. Many agreed that if the school provided a space, such as a private room or better yet a portable classroom, community-based agencies might partner in providing on-site services to families. Most agreed that schools have limited time and resources. Often issues with students are a result to a problem at home that might involve the family. In these cases, it might be best to work with a community partner.

5.4.2 School culture

Many felt the school culture could change to support families and make families feel welcome. Creating a caring, compassionate school that is sensitive to the needs, emotions, and social needs of the students and families is key. Simple steps like

learning the children’s names and checking in with them help, such as saying things like “hey John, how was your soccer game last weekend?” These little steps let the children know that you care, you are thinking about them, and you are aware of things going on in their life. Feedback was that many youth do not feel accepted, which is often the reason they seek gangs, to have a place where they feel like they belong. Staff report that with the increased emphasis on test scores, schools have lost focus on the importance of social and emotional wellbeing and how it relates to academics.

5.4.3 Communication

It was the general consensus that schools need to improve communication around issues that arise with students:

- Communicating with parents on child behaviors, both good and bad;
- Communicating with other staff about how children are doing; and,
- Communicating with providers of mental health services.

It was suggested schools work with parents to sign releases so providers can discuss a child with the teachers. Due to health information privacy rights, information can not be shared unless a release of information is signed. Even among school sites with Healthy Start Family Resource Centers, communication is often one-sided since Healthy Start Family Resource Center staff can not discuss details of students with teachers. This can leave teachers feeling left out and helpless when it comes to working with the students.

In addition, teachers should be included in decision-making issues about the student. The teachers spend the most time with the student, yet they are often not included in case management, student study team meetings, and behavior plans. Having teachers part of these processes could be a resource and asset to the student.

In summary, staff had many suggestions for how schools can support emotional needs of students. Of concern with most staff is time, training, and knowledge of resources. Some mentioned that when they started in education they had no idea how much emotional and social support students needed. As one person stated

When a teacher signs the contract with the District, they unknowingly sign on to do more than teach academics – they take on the extra duty of teaching social and emotional skills as well.

5.4 How Can The District Support Emotional Needs of Students

School staff were asked for suggestions on how the District can support the social and emotional needs of their students. Suggestions clustered into four areas:

- Training and support
- Offering District-wide resources

- Consistency between school sites
- Decreasing the emphasis on increasing test scores.

Following is a summary of the findings.

5.4.1 Training and support

Many issues were mentioned that involved training and supporting schools and staff. One such suggestion included the District Aligned Learning and Support Services (DALSS) continuing outreach and education to all school staff on the Response to Intervention (RTI) model¹² and how to utilize the Intervention Support Triangle¹³.

It was also pointed out that the District often rolls out an initiative and sets expectations, yet staff may receive little or no training, resources, or support. This incomplete approach leaves staff ill-prepared to achieve the work that has been appointed. Or, that if the District starts a program, they often back out the following year and expect the program to continue. Continuing programs without the support of the District is very difficult with limited time and resources.

Some staff members discussed how Student Study Team (SST) meetings need to evolve from a method of removing a child from a school site or getting a child in special education to a more “holistic” approach of solving a problem with a student. The District needs to train school site staff on the purpose of an SST and work to change the culture and understanding of an SST meeting.

Another suggestion involved having the Special Education Department and the Integrated Support Services Department work together rather than separately. That often staff have to work with the two departments separately when the issue may be related. In conjunction with this, it was suggested that programs learn each others’

¹² Response to Intervention (RTI) is a multi-tiered approach to help struggling learners. Students’ progress is closely monitored at each stage of intervention to determine the need for further research-based instruction and/or intervention in general education, in special education, or both. - *The RTI Action Network*

¹³ SCUSD Intervention Support Triangle is a three tiered approach to aligning district learning support services to student needs. The first tier is Universal Interventions that promote healthy development and prevent problems, and is available to all students. These supports include primary prevention, such as: health education, mandated health screenings, positive school climate, family support, child abuse education, academic conferences, support for transitions, Youth Voice, and safe school plans. The second tier is Strategic Interventions that provide systems for early interventions for students in need to receive support services. Resources available to these students may include: behavioral and social support programs (mentoring, clubs, psycho-educational groups, extra-curricular, afterschool programs, Developmental Assessment Team, Healthy Start Family Resource Center, and Health Services); academic support, such as tutoring and additional educational support; and, specialized programs such as Reconnecting Youth, Opportunity Rooms, re-entry program for foster youth and juvenile justice students, Attendance Resource Center, Primary Intervention Program through the Early Mental Health Initiative, and Hmong Women’s/Men’s Circle. The third tier is Intensive Interventions to provide a system of care to address critical student needs. This tier is for individual students with severe or chronic problems and may include Parent Crisis Center, physical and mental health (504’s, home/hospital care, mental health counseling services, mental health crisis response), individual student intervention plans (positive behavior supports, academic supports, and SARB agreements), school placements (Success Academy, Community Day Program, Expulsion), and specialized programs.

criteria for referrals as well as the “lingo.” If they knew the referral criteria, it would save a lot of time rather than trying to “figure out the system.”

5.4.2 District-wide resources

Since school site staff are limited on time, and since school staff and families may move from school to school, staff focus group respondents felt that a District level process, protocol, and resource list would be helpful to the staff. This would give all staff access to knowledge, help them handle situations, and help them know where to refer children and families. These resources would ensure equal access to services across school sites.

It was also suggested that the District provide an “easy point of access,” such as a centralized telephone number for staff to get information on how to handle situations or where to go for help. Another suggestion was for the District to take on the responsibility of not only locating free services and resources in the community, but to find a contact within the agency and to cultivate the relationship with the agency. This relationship could become a partnership in the wellbeing of the community. As part of this role, staff would like a centralized calendar or list of resources, such as dates and places of bereavement groups, parent groups, and anger management groups. This information changes so rapidly, it is difficult for sites to have the most recent information. Rather than people at each site trying to collect and maintain this information, having one staff person at the District level would be more effective.

A District-wide mental health fair or having a mental health presence at a District-wide health fair was a suggestion. Community based agencies and District programs should be at these events to discuss the services they provide and how to access services. It was suggested that there be a fair for staff only as well as one for the public.

5.4.3 Consistency between sites

Staff reported that the District needs to provide consistency of services between schools, because some schools have resources to help families while others do not. Currently, each school has a different idea of what support “looks like” when it would be helpful if the District set standards and expectation for all schools to follow. One staff reported

If you look at the budget of schools, you can see who the administrators are that give social and emotional issues a priority.

Since the level of social and emotional support is decided by school site leadership (the principal), it was suggested the District set a baseline level of care, such as setting a number of hours for a nurse, psychologist, and social worker at all sites. Then sites can build upon this baseline based on the emphasis and needs of the school. This consistency among schools would ensure a minimum level of services to students and families.

5.4.4 Decrease pressure for academic scores

The District pressure on increasing student and school test scores has increased. Staff reported a need to shift the focus so teachers and schools have more options to dealing with the issues that are impediments to learning. Many felt the District does not think social and emotional issues are as important as academic success, as evidenced by social and emotional development at inservice trainings compared to information on academic success. Some even questioned the “truth” and “intent” of the focus group in which this information was gathered. They questioned whether the project was just a result of a grant or if the District has a viable, long-term interest in the social and emotional wellbeing of the students. Some were concerned that *this is just another passing phase*. There was skepticism among school staff as it related to the District’s potential for changes to address student mental health issues.

5.4.5 Teacher Support

Respondents noted that the District needs to develop a system of support for the teachers. Teachers often work with students all day, whose social and emotional issues can be overwhelming to teachers. This coupled with the fact that teachers often do not have much decision-making power over what happens with their students, creates frustration and affects job satisfaction. In order to help teachers cope with and decrease job stress, some form of teacher support system should be offered.

Even with all of the suggestions, all staff agreed the District

can not just plunk down an army of psychotherapists at the schools. It will not work. There needs to be an infrastructure first.

Staff reported that

there are models out there. The District needs to be responsible for finding a model that fits our District.

5.5 Staff Support Needs

Focus group participants discussed supports needed to better understand and address the social and emotional challenges of students. The types of support were divided into: 1) supports for teachers; and 2) supports for administrators. The following section shares findings from this discussion.

5.5.1 Teacher Support

School site staff, administrators, and District staff identified areas of support needed for teachers to address the emotional challenges of students. The types of support identified clustered into the following categories: training, communication, experiences, support, prevention, and preparation.

- Training – Staff reported teachers need more training in de-escalating situations with students and how to handle disruptive students. Suggestions for doing this included coaching by Behavioral Specialists on classroom management, and peer observation with teachers who are successful in these situations. Additionally, respondents reported that all staff need universal training on school and District level responsibilities for social and emotional services and how to access these services. This information is not clearly understood by new teachers and many veteran teachers.

Other trainings mentioned include trainings on culture and diversity, relationship building between teachers, students and families, and on social and emotional issues youth face. It was suggested that if these trainings occur, that they include useful realistic research-based information.

- Experiences – As part of teacher training, it was suggested that teachers experience situations which youth and families face. Suggestions included having teachers participate in home visits, visit alcohol and drug recovery centers, and visit juvenile hall or the juvenile courts. This experience will help give teachers an understanding of challenges students face in coming to school, completing homework, and participating in class.
- Communication – Staff identified increased communication about students as a support needed for teachers. Respondents felt that teachers need to talk about how students do with other teachers and share success and challenges with students. However, there was a concern about “toxic teacher talk” when it comes to discussing students. These discussions would need to be in a confidential, private location with guidelines on how to appropriately share information. Additionally, teachers shared the need for administration to communicate students at risk, that administration needs to share with teachers *what kids may be dangerous or at risk* so teachers can look out for behaviors.
- Prevention – Staff reported that it is time to switch the focus back to prevention,

it is like a pendulum swinging, programs used to be prevention focused and touchy feely then the emphasis switched away from prevention to stressing academic focus. Now it sounds like the pendulum is beginning to swing again.

Respondents stated programs need to start when children are young, in kindergarten or first grade, and continue throughout school. However, teachers felt that an outside resources needs to come in and operate these programs, because teachers do not have time to do anything else.

- Administrative Support – Respondents emphasized that the school site administrator is key to teachers’ receiving the support they need when working with students and families on social and emotional issues. They need the administrators to be flexible in allowing teachers to work with families and

students on social and emotional issues, also teachers want assurance that the administrator will handle disruptive students rather than *just pull them out of the class only to return them a short time later to continue their behavior.*

- Teacher Preparedness – District staff and administrators felt that many teachers are not adequately prepared to teach in today’s world. Since the universities are not teaching social and emotional development in credentialing programs, this responsibility falls to the school district. It was suggested the District really educate potential teacher candidates on what comes with a teaching job; they need to discuss diversity, social and emotional needs of students and families, and the expectations of the District. Due to the diversity and needs of the families in the District, many teachers come into the District with low expectation from the students and families, and this needs to change. Teachers need to have high expectation of the students and their families.

5.5.2 Administrative Support

In addition to supports for teachers, staff discussed supports needed for administration to better understand and address the emotional challenges facing students. Areas of support for administrators included: understanding the student population, reviewing services in the District, District support for Site Administrators.

- Understanding Student Population – Suggestions included educating administrators on the social and emotional needs of youth and helping the administrator understand their student population. Administrators said it would be helpful to have a profile of their student population to share with the teachers and school staff,

to paint a picture of the students by using all of the different data sources so we can see who our students are.

- Services in the District – Some staff reported that a clearer understanding of what services the District offers is needed. There is confusion on services that are the responsibilities of the District, which department provides the services, and how to access the services. Staff development for District and site administrators on these issues was suggested.
- District Support for Site Administrators – Site administrators reported that often their hands are tied when dealing with difficult teachers.

Some teachers are damaging students, both socially and emotionally. Principals need support from the District to assist these teachers in getting out of the teaching profession. By doing this we are giving the message that we have high standards for teachers.

Another way the District needs to support site administrators is increase the number of assistant principals. Over the years there have been reductions, which have increased

the work load of principals. Since the vice principals were often the ones to handle students, these reductions *tell us what the District thinks about social and emotional support*, as perceived by school staff

The focus group respondents offered many ideas to support staff on the social and emotional needs of students and families. The general consensus was voiced by one respondent stating

The District needs to keep everyone up on what is happening at the District as well as provide us with information and support. This meeting is good, but the District needs to continue these meetings so we can be a part of the process of providing support to the students and families.

5.6 Ideas for Integrating of Mental Health Services

To conclude the focus group, staff were asked *how the District could integrate social and emotional support services better into the schools*. Suggestions varied and included:

- Centralized Counseling Center – Having a centralized counseling center, similar to San Juan Unified School District’s White House was a suggestion. This model utilizes a centrally located district location using counseling interns from various training and licensing programs to provide counseling for students and families.
- Satellite Counseling Centers – Some felt rather than having one centralized counseling center, having strategically placed satellite counseling centers, such as a portable building placed in strategically located schools, would be more beneficial to families since transportation and follow through is often a problem. Students and their families vary at each school site and this approach would allow the site to match the services to the needs of the families, such as language and cultural needs.
- Change Staffing Roles – Staff reported that schools have school counselors that do academic advising, school psychologists that do testing and school nurses who often end up having to counsel because there is no one else there to help and they have a public health background. Staff report that the *inside perspective of a job differs from the outside perspective* and aligning the job titles to match the job duties might alleviate confusion and frustration for students, families, and staff. It was suggested that the District *shift the role of school counselors from scheduling to counseling* and allocate more time for school counselors at each site.
- Prevention services – Staff felt that there has been a decrease in prevention programs and that the District should set the expectation that social skills development and prevention programs begin in kindergarten and continue throughout the students’ education.
- Allocate resources for social and emotional development – Most of the respondents felt the District should allocate more resources for the social and

emotional development of students, such as more time with a school counselor or school psychologist. If the school is unable to allocate resources, then the District needs to develop partnerships and resources for the schools to use.

Regardless on how the school integrates mental health services, staff reported that training the sites on the systems in place and how to access the system is key. And that having a system in place is essential to making the program work.

SECTION 6 CONCLUSION

The student, parent, and staff focus groups provided a vast range of information, feedback, and ideas. During the focus groups, several themes appeared. This section presents and discusses the most prominent themes.

Raise Awareness

All of the focus groups identified the need to raise awareness of student mental health. Focus group participants reported students need help dealing with stressors while parents need help recognizing symptoms of student stress and mental health issues, and need help learning where and how to get treatment for their child. School staff need education on: recognizing signs and symptoms of mental health, how to offer help, and the relationship between stress and academic performance. Suggestions for raising awareness included:

1. Offering trainings and workshops for students, parents, and teachers; and
2. Promoting social and emotional health and wellbeing at school and community events.

Develop System of Response

Parent and staff focus group respondents expressed the need for the District and each school site to develop a system of response for students and families when students present social or emotional distress. Inconsistencies between school services confuse students, parents, and staff and the lack of a protocol or system causes frustration leaving families without the help they need. Suggestions for a District system of response include:

1. Develop an infrastructure to address mental health services at the District level.
2. Developing a central telephone number for staff that will instruct callers how to handle situations and offer resources for staff;
3. Creating and maintaining resource list of services in the community, for staff and parent referrals; and,
4. Providing staff training on what services the school and District are responsible for and how to access these services.

Improve Access to Services

Students, parents, and staff reported difficulty in accessing services, whether services were at school or in the community. Difficulties were related to inadequate awareness about a service, limited access, or lack of time to assess the needs and follow up on referrals. Suggestions for improving access included:

1. Developing on-site services, either a centrally located counseling center, strategically located counseling centers, or integrating social and emotional counseling into current school academic counseling offices;
2. Schools creating and maintaining partnerships with community-based agencies as sources for supports to families;
3. Schools creating quiet, private space for either school staff or other service providers to offer mental health services; and
4. Staff training on how to help families access services.

School Culture

Students, parents, and staff reported the school culture is a big influence on how students and families handle student stressors. Schools need to offer a caring, welcoming environment. Staff should be approachable, caring, and empathetic to student needs and their families. In addition, social and emotional health should be emphasized by site administration. Suggestions for a school culture that encourages social and emotional wellbeing include:

1. Schools taking a preventative approach by integrating communication and relationships skill building into the curricula; to address issues related to peer pressure, gangs, alcohol, drugs, and violence prevention early in the child's education and continuing throughout school experience;
2. Offering teacher support programs so teachers have a way to relieve their stress and get support from peers; and
3. Promoting teacher involvement in students' lives by involving teachers in student case management, Student Study Team, and Behavior Plan meetings.

This input from students, parents, and teachers is vital to creating capacity for the integration of mental health services in the Sacramento City Unified School District. For a successful program suggestions need to be reviewed thoroughly, various solutions reviewed, and research into other school-based programs conducted. As one staff mentioned, *there needs to be an infrastructure first* and conducting these focus groups is the first step into developing the infrastructure into integrating mental health services.

Student Focus Group Questions

<Script to be read to students> Young people today have to deal with a lot of stress related to school, friends, family, drugs, violence and many other things. Sometime this stress can make a person feel sad, angry, lonely, depressed or nervous. Sometimes, it can be helpful to talk with a caring adult, but finding the right person can be difficult. To help support students with their stress, we are going to ask you some questions to better understand your needs. What you tell us will be shared with other people, but your participation in the group is confidential so no one besides us will know who said what.

What issues do you think youth need the most help with?

If you needed to talk to someone other than a friend or family member, who would you turn to?

What would keep you from talking to someone about your stress?

If you were to talk with a counselor, where you most like to meet with this person?

Do you think school staff needs to better understand the problems students have in their lives? Like what?

Do you think parents need to better understand the problems students face? Like what?

Do you think students need more information on how to cope with stress? If so, what is the best way to get this information to students?

Do you think there is a connection between how students feel and how well they perform at school? Why?

Do you think that when students get help with their problems they will perform better at school? Why?

Parent Focus Group Questions

<Script to be read to students> We're going to talk today about the pressure and struggle children deal with and how all of us in the school community can help your children cope with these. As you know, young people today have a great deal of stress related to school, friends, family, drugs, violence, and many other things. Sometimes this stress can make children feel sad, angry, lonely, depressed or nervous.

At these times, it can be helpful for children to talk to caring adults – such as parents, family members, teachers, and counselors – but finding the right person can be difficult. We are going to ask you some questions today to help us better understand the type of emotional support children need. We are also interested in understanding the support you need as parents to best help your children.

If your child seemed sad, angry, lonely, depressed or nervous, what would you do?

- If your child continued to appear sad, angry, lonely, depressed or nervous, would you consider turning to a counselor for help?
- If so, where would you turn? If not, why?
- Where else would you turn for help?
- Is there a point at which you would turn to a counselor for help?

If you were going to send your child to a counselor, what challenges would you face in doing this?

- Do you know where to find a counselor? Where?
- Are you concerned that someone would think your child was crazy?
- Are you concerned that it would cost too much?

If you were going to send your child to a counselor, would you be willing to participate?

- Do you think that you could be helpful to your child if he/she was dealing with stress and emotional problems?
- Do you feel knowledgeable about the stress and emotional problems facing children?
- What would be the best way to educate parents on children's emotional issues?

Do you think teachers and school administrators are knowledgeable about children's emotional needs?

- Do you think that schools have a responsibility to support the emotional needs of youth and address the stress in their lives? Why or why not?
- What can schools do to better support the emotional needs of or children?
- What can schools do to better support parents in helping their children with emotional issues?

School Staff Focus Group Questions

<Script to be read to students> We're going to talk today about the pressures and struggles children deal with and how all of us in the school community can help our children cope with these. As you know, young people today have a great deal of stress related to school, friends, family, drugs, violence and many other things. Sometimes this stress can make children feel sad, angry, lonely, depressed or nervous.

At these times, it can be helpful for children to talk to caring adults – such as parents, family members, teachers, and counselors – but finding the right person can be difficult. We are going to ask you some questions today to help us better understand the type of emotional support children need and the resources that are and aren't available. We are also interested in understanding the support you need as school staff to best help your children.

What are the issues that youth need the most help with?

If a child seemed sad, angry, lonely, depressed or nervous, what would you do?

- How comfortable are you discussing these issues with parents? With students?
- Who would you refer to if additional support was needed?
- *<For staff with Healthy Start Family Resource Centers>* If there wasn't a Healthy Start Family Resource Center at your school, what would you do?

If you were going to refer a child for counseling, what challenges would you face in doing this?

- Do you know how to make referrals for counseling?
- Are there specific groups of children who do not have resources?
- Are there any issues that you have not been able to access help for a child?

Do you think that schools have a responsibility to support the emotional needs of youth and address the stress in their lives?

- What can schools do to better support the emotional needs of our children?
- What interventions have been helpful?
- What can schools do to better support parents in helping their children with emotional issues?
- What role does the district have in developing social/emotional support services?

How can social and emotional support services be better integrated within the schools?

What can mental health providers do to help improve the academic achievement of students?