

Oregon School Mental Health Inventory



Middle and High School Version

***A SELF ASSESSMENT AND PLANNING TOOL FOR ADDRESSING
MENTAL HEALTH WITHIN A COORDINATED SCHOOL HEALTH
PROGRAM***

Healthy Kids Learn Better Program, Public Health Division
Oregon Health Authority
2008-2009



Healthy Kids Learn Better

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Oregon School Mental Health Inventory

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Introduction

Oregon's School Mental Health Inventory (SMHI) is a self-assessment and planning guide that will enable schools to gauge and improve policies, protocols, and programs related to mental health. Using this tool will help your school to:

- ❑ Identify the strengths and weaknesses of the policies, protocols, and programs that your school employs to promote mental health, assess mental health needs, and connect or provide mental health services.
- ❑ Develop an action plan for improving student access to a full range of mental health services.
- ❑ Involve teachers, parents, students, and the community in improving school policies, programs, and services related to mental health education & management.

This tool is designed for use at the school level, but could be used at the district level if there are only a few schools in the district and policies and procedures are similar in each of the schools.

This tool is based primarily on the existing CDC School Health Index, Middle School/High School version, as well as the Health, Mental Health and Safety Guidelines for Schools (American Academy of Pediatrics and National Association of School Nurses). Brief citations for questions based on these tools are provided above each question. Other sources are cited as endnotes in the document. A multitude of sources have informed this effort. Several key sources are cited at the end of the Inventory.

This document was developed as part of the Oregon Adolescent Health Section's Coordinated School Health¹ - Mental Health Demonstration Project. This project expands the scope of Oregon's Coordinated School Health Project, Healthy Kids Learn Better (HKLB). Healthy Kids Learn Better (HKLB) was originally developed under a cooperative agreement with CDC's Division of Adolescent and School Health as a partnership between the Departments of Education and Human Services. The Demonstration Project was made possible through funding from the US Department of Health and Human Services and a grant from the Northwest Health Foundation (2006-2008), and continues in 2008-2009 with funding by the Oregon Addictions and Mental Health Services.

Please inform Isabelle Barbour (isabelle.s.barbour@state.or.us, 971-673-0376) when you use this document and if you make any changes to the document. An electronic version of this document is available at healthoregon.org/hklb.

Thank you!

¹ For more information about Coordinated School Health please see <http://www.cdc.gov/HealthyYouth/CSHP/>.

Question Citations

Whenever possible questions are cited. Brief citations are located directly above the related question.

For those questions that are from the School Health Index, questions are further labeled by topic area: physical activity (PA), nutrition (N), tobacco (T), asthma (A), safety (S), and cross-cutting (CC). Cross-cutting questions address issues that are relevant to all five health topics. Additionally, some questions are labeled for more than one topic (e.g., PA/S) because they are relevant to more than one (e.g., physical activity and safety).

Citation Examples:

KEY INFORMANT

(Health Education Curriculum Specialist, Oregon Department of Education)

Has your school or district participated in a health education mapping and alignment process* in the last three years?

* Mapping and alignment is a process by which a curriculum plan, usually in chart form is developed. It usually includes a range of instructional objectives, skills, and benchmarks and is organized according to the successive levels at which they are taught.

ADVISORY GROUP

Advisory Group 3/27/06

20.5 Does the school host* or support** a mentoring program*** for students?

CDC SCHOOL HEALTH INDEX

Written school health and safety policies (SHI CC.2-modified)

1. Does the school or district have written policies* or protocols that govern all of the following areas related to student mental health?

- ✓ Mental health education
- ✓ Physical education and activity programs (e.g., intramural, interscholastic, recess, after school)
- ✓ School health, counseling, psychological, and social services

HEALTH, MENTAL HEALTH, AND SAFETY GUIDELINES

Written school health and safety policies (SHI CC.2-modified)

1. Does the school or district have written policies* or protocols that govern all of the following areas related to student mental health?

- ✓ Mental health education
- ✓ Physical education and activity programs (e.g., intramural, interscholastic, recess, after school)
- ✓ School health, counseling, psychological, and social services
- ✓ Health promotion for staff
- ✓ **Prohibition of Alcohol, Tobacco and drug related gear* or advertising**
- ✓ **Sexual harassment**
- ✓ Family and community involvement
- ✓ School physical environment (e.g., indoor and outdoor air quality, safety hazards)
- ✓ School climate
- ✓ Control of tobacco use

Instructions for Completing the Modules

You have a lot of latitude in deciding how to complete this tool. It is ideal to have one diverse group of stakeholders complete the entire tool and to get input from others as needed. Some schools may prefer to break-up the tool and assign pieces of it to small committees. An example of one process that can be used to complete this tool is below. Please feel free to contact your Coordinated School Health Liaison to get help in designing a process that is right for your school.

1. Review all eight Mental Health Inventory (MHI) modules with the entire School Health Advisory Council
2. Form 8 MHI module teams to complete the self-assessment process for each module
3. Assign each team a module and select a facilitator to coordinate the team's efforts
4. Discuss the needs assessment process with module team members, and set a deadline for completion of the work.
5. Schedule meeting times to work together to complete the module questionnaire, score card and planning questions
6. Make copies of the module Questionnaire for each team member.
7. Give each team member a copy of the module Questionnaire. Use the Score Card and Planning Questions to record the team's work.
8. At a Module team meeting:
 - Discuss each question on the module Questionnaire and its scoring choices
 - Decide how to collect any information you need to answer each question accurately
 - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible.
9. Record the scores (0-3) for each question on the module Score Card and calculate the *overall* Module Score.
10. Use the scores written on the module Score Card to complete the Planning Questions at the end of the module
11. Use the results from the third question in Planning questions to identify the one, two or three highest priority actions that your team will recommend to the School Health Advisory Council for implementation this year
12. Use the answers to the Planning Questions to decide how your team will present your results and recommendations for action to the entire School Health Advisory Council (SHAC).



Answer questions as accurately as possible....this is a self-help tool, and is not meant to be used for evaluating the school(s)



This tool is designed to help you understand your school, not to compare your school with other schools



Expect to have some low scores....low scores can help build awareness of areas needing improvement



Involve as many school staff and SHAC members as possible – each person brings insight and perspective that increases the accuracy and quality of your school's self-assessment

Module 1: School Health and Safety Policies and Environment

The Basics

The entire school environment can impact the mental health of students and other members of the school community. That's why the School Mental Health Inventory has eight different modules, which correspond to the eight components of a coordinated school health program in the figure below.



Instructions for completing the module

1. Choose one or two people to take responsibility for completing this module, becoming the module coordinator(s). The module coordinator(s) is charged with organizing a team to complete the module's documents. Module 1 is larger than all of the other modules and may therefore require a greater amount of time and a larger number of participants. Below are some suggested members of the Module 1 team.
 - Principal
 - Assistant Principal
 - School food service manager
 - School Counselor or psychologist
 - Health education teacher
 - Physical education teacher
 - Other teacher(s)
 - Parent(s)
 - Student(s)
 - School nurse or health care provider
 - Community mental health agency representative(s)
 - School social worker
2. Make a copy of the module discussion questions for each Module 1 team member. Make at least one copy of the module score card and the module planning questions.

3. Give each Module 1 team member a copy of the Module 1 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents aside in case you need to make more copies.
4. At a Module 1 team meeting:
 - Discuss each of the Module 1 Discussion Questions and its scoring choices.
 - Decide how to collect any information that you need to answer each question accurately.
 - After you have all of the information that you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Inventory is your self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
 - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
 - Use the scores written on the module Score Card to complete the Planning Questions as the end of the module.
 - Use the results from the third planning question to identify one, two, or three highest priority actions that you will recommend to your School Health Inventory team or School Health Advisory Council for implementation in the next 1-2 years.
 - Examine all of the planning questions and reflect on your experience with the tool. This is information that you should share with your liaison and School Health Inventory team.
 - Your School Health Inventory team should then present findings from the tool at a School Health Advisory Council (SHAC) meeting.

Please do not hesitate to call your liaison if you need assistance with this process. You will also be expected to debrief your experience with this tool with your liaison.

Module 1- School Health and Safety Policies and Environment Score Card

Instructions

1. Carefully read and discuss the Module 1 Discussion Questions, which include questions and scoring descriptions for each item listed on this Score Card.
2. Place a check mark in the box that corresponds to the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module.

Fully in Place 3	Partially in Place 2	Under develop- ment 1	Not in Place 0
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1. Does the school or district have written policies* or protocols that govern all of the following areas related to student mental health?				
2. Does the school communicate its school health and safety policies in all of the following ways?				
3. Does the school have a child abuse mandatory reporting protocol* of which all campus adults are aware and trained?				
4. Does the school have a representative* committee that meets at least twice a year and oversees school health and safety policies and programs?				
5. Are students integrated into school decision making processes*?				
6. Do the school's staff and environment promote a sense of connectedness* in students and their families with all of the following practices?				
7. Does the school take actions to emphasize acceptance, tolerance, respect, and enjoyment of individual differences*?				
8. Is tutoring* available on the school campus?				
9. Does the school host* or support** a mentoring program*** for students?				

Module 1 page 2	Fully in Place 3	Partially in Place 2	Under development 1	Not in Place 0
10. Does the school offer, to all students who need them, a variety of programs* designed to help students overcome barriers to learning**?				
11. Does the school provide a broad variety of student enrichment experiences* that are accessible to all students?				
12. Does the school plan and implement programs and strategies* to aid students with major transitions**?				
13. Has the school established a climate, in each of the following ways that does not tolerate harassment or bullying*?				
14. Are students actively supervised by faculty and staff, in each of the following ways, to promote safety and prevent unintentional injuries and violence, everywhere on campus (e.g., classroom, lunchroom, playground, locker room, hallways, bathroom, school bus)?				
15. Does the school prohibit using physical activity* and withholding physical education class** as punishment? Is this prohibition consistently followed?				
16. Does the school prohibit giving students food as a reward* and withholding food as punishment**? Is this prohibition consistently followed?				
17. Does the school have protocols* for referring students to needed services?				
18. Does your school or district have written policies* that permit students to self-carry and self-administer prescribed medications for mental health conditions and that include all of the following?				
19. Does the school have a written crisis* response plan that includes the following elements, and is the plan practiced regularly and updated as necessary?				

Module 1 page 3	Fully in Place 3	Partially in Place 2	Under development 1	Not in Place 0
20. Does the school have a protocol when there is a suicide or attempted suicide that focuses both on the mental health of the individual directly involved and the school population?				
21. Do school staff make accommodations and/or adjustments* for students during and after experiences of psychological trauma or loss?				
22. Does the school have a protocol for responding to disruptive or violent behavior? Are staff aware and do they have training on this protocol?				
23. Does the school participate in a bullying prevention program that includes the following?				
24. Does the school assess the need for mental health resources* for both bullies and victims? Are these students then linked with appropriate services?				
25. Are students who are suspended or expelled screened for mental health and social service needs and linked to appropriate services before they leave the school building?				
26. Does the school integrate* mental health promotion into the school day?				
27. Does the school implement prevention* programs that focus on recognition of stressful life situations**?				
28. Does the school implement interventions* to help students deal with stressful life situations*?				
29. Have school staff members* received professional development on methods of supporting and promoting mental health on campus?				
30. Do staff receive professional development* and support so that they understand lay mental health and mental health promotion and translate this information to students?				

<i>Module 1 page 4</i>	Fully in Place 3	Partially in Place 2	Under develop-ment 1	Not in Place 0
31. Are teaching staff responsible for knowing- and trained if necessary on methods* for creating an emotionally safe** classroom for youth?				
32. Do adults take proactive steps* to make students aware of available social and mental health services or supports?				
33. Does the school or school district use a data collection and data analysis systems that provide for: <ul style="list-style-type: none"> ▪ Tracking cases of violence? ▪ Feedback to the school & the community? ▪ Evaluation of the school's prevention programs? 				
34. Does the school offer mental health programs or services at the universal*, selective**, and indicated*** levels?				
Column Totals: For each column, add up the numbers that are circled and enter the sum in this row.				

**Total Points: Add the four sums Above and enter the total to the right.
Module Score = (Points scored/102) x 100**

%

Module 1- School Health and Safety Policies and Environment

(Questions 1-34)

Written school health and safety policies (SHI CC.2-modified)

1. Does the school or district have written policies* or protocols that govern all of the following areas related to student mental health?

- ✓ Mental health education
- ✓ Physical education and activity programs (e.g., intramural, interscholastic, recess, after school)
- ✓ School health, counseling, psychological, and social services
- ✓ Health promotion for staff
- ✓ Prohibition of alcohol, tobacco and drug related gear** or advertising
- ✓ Sexual harassment
- ✓ Family and community involvement
- ✓ School physical environment (e.g., indoor and outdoor air quality, safety hazards)
- ✓ School climate
- ✓ Control of tobacco use
- ✓ Control of alcohol and other drug use
- ✓ Control of gambling
- ✓ Technology use policy (cell phones, internet, blogging, MySpace, instant messaging)
- ✓ Preventing violence *** and suicide
- ✓ Responding to crises, disasters, and associated injuries

* *Policies can be developed at the school level, or they can be developed at the school district or state level and implemented at the school level. They include legal codes, rules, standards, administrative orders, guidelines, mandates, or resolutions.*

** *Alcohol, tobacco and drug related gear refers to items, including clothing, hats, backpacks, patches, buttons, or any other materials or accessories advertising or promoting alcohol, tobacco and drugs or alcohol, tobacco and drug-related products.*

*** *Violence is the threatened or actual use of force against oneself, another person, or a group; it includes aggression, bullying, assault, homicide, suicide, child maltreatment, rape, and dating and intimate partner violence.*

3 = Yes, written policies cover **all** of these areas

2 = The written policies cover **most** of these areas.

1 = The written policies cover **some** of these areas.

0 = The written policies cover **none** of these areas.

Communicate school health and safety policies to students, parents, staff, and visitors (SHI CC.3)

2. Does the school communicate its school health and safety policies in all of the following ways?

- ✓ Tobacco-free-school signs
- ✓ Weapon-free-school signs
- ✓ Staff orientation and staff meetings
- ✓ Student orientation
- ✓ Student handbook
- ✓ Staff handbook
- ✓ Parent handbook and/or newsletters
- ✓ Contracts with outside vendors and organizations that rent school facilities
- ✓ Announcements at school events
- ✓ Community meetings
- ✓ School web-site

3 = Yes in all of these ways.

2 = In most of these ways.

1 = In some of these ways.

0 = In none of these ways.

3. Does the school have a child abuse mandatory reporting protocol* of which all campus adults are aware and trained?

** **Child abuse mandatory reporting** is a legal requirement for a group of professionals including school staff, nurses and physicians to report any and all suspected incidents of child abuse and neglect. Mandated reporters are generally afforded legal immunity for such reports and most jurisdictions impose a civil or criminal penalty for failure to report².*

More information about Oregon's mandatory reporting protocol can be found at:

<http://www.ode.state.or.us/policy/state/laws/childabuse/>

3 = Yes, our school has a written mandatory reporting protocol on which all new employees are trained and other employees review regularly.

2 = Yes, our school has a written mandatory reporting protocol but training on the protocol occurs irregularly or not at all.

1 = Our school has a non-written protocol of which a small number of staff are aware.

0 = Our school is unaware of our responsibility as mandatory reporters.

² http://www.biology-online.org/dictionary/Mandatory_reporting

Representative school health committee (SHI CC.1)

4. Does the school have a representative* committee that meets at least twice a year and oversees school health and safety policies and programs?

**Representative means that it includes relevant members of the school and local communities (e.g. parents, students, teachers, administrators, food services staff, nurses, coaches, counselors) and members of health departments, community organizations, and law enforcement agencies.*

3 = Yes

2 = There is a committee that does this, but it could be more representative.

1 = There is a committee, but it is not representative, or it meets less often than twice a year.

0 = No.

(7-01- National Guidelines)

5. Are students integrated into school decision making processes*?

**Processes may include:*

- ✓ *Workgroup Meetings*
- ✓ *Elections/ Student Council*
- ✓ *Assessments*
- ✓ *Memberships on school committees or boards*

3 = Yes students and adults engage in shared decision making** on a regular basis

2 = Students and adults occasionally engage in shared decision making.

1 = Students are present but have no real power

0 = No, students are not involved in school decision-making processes.

***Shared decision making is a process of making educational decisions in a collaborative manner at the school level³.*

³ <http://www.vtaide.com/png/ERIC/Shared-Decision-Making.htm>

Connectedness to school (CC.4)

6. Do the school's staff and environment promote a sense of connectedness* in students and their families with all of the following practices?

- ✓ Encouraging students to report harassment or bullying
- ✓ At least one adult communicates personally with each student each day
- ✓ Faculty and staff encourage students to ask for help if there is a problem
- ✓ Faculty and staff promote respect for and appreciation of individual differences
- ✓ Faculty and staff take timely action to solve problems reported by students or their parents
- ✓ Faculty and staff offer praise of students' behavior to students and their parents
- ✓ Faculty and staff promote active parent participation in the school
- ✓ The school promotes the use of its facilities for community activities

* ***Connectedness** is the degree to which students and families feel part of the school community. Students and families feel more connected when they perceive that faculty and staff care about them and when they share responsibility for how well the school functions.*

- 3 = Yes, with **all** of these practices.
- 2 = With **most** of these practices.
- 1 = With **some** of these practices.
- 0 = With **none** of these practices

7-01 National Guidelines

7. Does the school take actions to emphasize acceptance, tolerance, respect, and enjoyment of individual differences*?

*Individual differences may include:

- ✓ Sexual Orientation
- ✓ Weight
- ✓ Religion
- ✓ Gender
- ✓ Culture
- ✓ Special needs
- ✓ Age
- ✓ Socioeconomic
- ✓ Ethnicity

3 = Yes, the school **regularly** takes concrete steps to emphasize acceptance, tolerance, respect, and enjoyment of all **nine** individual differences listed above.

2 = The school regularly takes concrete steps to emphasize acceptance, tolerance, respect, and enjoyment of **five to eight** of the individual differences listed above.

1 = The school occasionally addresses tolerance and respect for **one to four** of the individual differences listed above.

0 = The school **does not** take concrete steps to emphasize acceptance, tolerance, respect, and enjoyment of any of the individual differences listed above.

7-02 National Guidelines

8. Is tutoring* available on the school campus?

3 = Yes tutoring is available on the school campus.

2 = Tutoring is not available on campus but the school links youth to a source of free tutoring in the community.

1 = Tutoring is not available on campus but it is available for a fee in the community.

0 = No tutoring is available to students.

**Tutoring is academic assistance provided to a student outside of class time by a qualified individual.*

7-02 National Guidelines

9. Does the school host* or support** a mentoring program*** for students?

****Hosting** means the school performs the administrative, monitoring, and supporting duties necessary to screen mentors and link mentors with children and youth and assess outcomes.*

*****Supporting** means that the school partners with another agency that hosts a mentoring program in proximity to the school.*

******Mentoring** is a sustained relationship between a young person and an adult in which the adult provides the young person with support, guidance, and assistance⁴*

3 = The school **regularly** hosts or supports a mentoring program based on the school campus.

2 = The school **regularly** hosts or supports a mentoring program based in the community.

1 = The school hosts mentoring programs in the school or community on an **irregular** basis.

0 = No mentoring program is available.

Overcome barriers to learning (CC5)

10. Does the school offer, to all students who need them, a variety of programs* designed to help students overcome barriers to learning**?

** Examples of such **programs** include mental health, special education, nursing, social services, counseling, mentoring, tutoring, and assistance in the classroom.*

*** **Barriers to learning** include deficiencies in basic living resources and opportunities for development, psychosocial problems, physical health problems, general stressors, crises and emergencies, and difficult transitions associated with stages of schooling.*

3 = Yes.

2 = The school offers a variety of programs to most but some students can not access them.

1 = The school offers a limited variety of programs, **or** many students who need them do not have access to them.

0 = No, the school does not offer such programs.

⁴ S. Jekielek et al. 2002. *Mentoring: A Promising Strategy for Youth Development*. Child Trends Research Brief. Available at:

<http://12.109.133.224/Files/MentoringBrief2002.pdf>. Cited 7/19/06

Enrichment experiences (CC.6)

11. Does the school provide a broad variety of student enrichment experiences* that are accessible to all students?

**Examples of enrichment experienced include athletics, drama, art, music, vocational education, technology training, student clubs, field trips, student advocacy, and community services. These can take place before, during, and after school hours.*

3 = Yes.

2 = The school offers a variety of experiences, but some students do not have access to them.

1 = The school offers a limited variety of experiences, or many students do not have access to them.

0 = No, the school does not offer enrichment experiences.

7-02 National Guidelines

12. Does the school plan and implement programs and strategies* to aid students with major transitions**?

*Programs and strategies could include:

- ✓ Matching new students with a student ambassador or buddy
- ✓ Individual or group counseling
- ✓ Orientation programs that focus on adapting to transitions
- ✓ Opportunities for students undergoing major transitions to check-in with a trusted adult

**Major transitions could include:

- ✓ grade-to-grade and school-to-school transitions
- ✓ moving to and from special education
- ✓ going to college
- ✓ moving to post school living and work⁵
- ✓ change in family structure
- ✓ change in living arrangement
- ✓ entering or leaving child welfare or the juvenile justice system

3 = Yes, our school plans and implements programs and strategies for assisting youth with **six to seven** of the major transitions listed above.

2 = Our school plans and implements programs and strategies for assisting youth with **four to five** of the major transitions listed above.

1 = Our school plans and implements strategies for assisting youth with **two to three** of the transitions listed above.

0 = Our school plans and implements **one or none** of the strategies listed above to aid students with major transitions.

⁵ Center for Mental Health in Schools at UCLA. (2001). A resource aid packet on addressing barriers to learning: a set of surveys to map what a school has and what it needs. Los Angeles, CA (Revised 2004) Available from : <http://smhp.psych.ucla.edu/pdfdocs/Surveys/Set1.pdf> . Cited 7/19/06.

No tolerance for harassment or bullying (S.3)

13. Has the school established a climate, in each of the following ways that does not tolerate harassment or bullying*?

14.

- ✓ Staff and students treating each other with respect and courtesy
- ✓ Fairly and consistently implementing disciplinary policies among all student groups
- ✓ Emphasizing fair play and nonviolence on school grounds, out the school bus, and at school sporting events
- ✓ Encouraging students to report harassment or bullying
- ✓ Providing support for victims

**Harassment or bullying is the repeated infliction or attempted infliction of injury, discomfort, or humiliation on a less powerful student by one or more students with greater power (i.e. physical size or social status).*

3 = Yes, in each of these 5 ways.

2 = In 4 of these ways.

1 = In 3 of these ways.

0 = In 2 or fewer of these ways.

Active supervision to promote safety (S.4)

14. Are students actively supervised by faculty and staff, in each of the following ways, to promote safety and prevent unintentional injuries and violence, everywhere on campus (e.g., classroom, lunchroom, playground, locker room, hallways, bathroom, school bus)?

- ✓ observing and listening to students before, during, and after school
- ✓ anticipating and effectively responding to unsafe situations
- ✓ discouraging pushing and bullying
- ✓ promoting prosocial behaviors*

**Prosocial behaviors are cooperation, conflict resolution, and helping others.*

3 = Yes, in each of these **four** ways.

2 = In **three** of these ways.

1 = In **two** of these ways.

0 = In **one or none** of these ways.

Prohibit using physical activity as punishment (PA.3)

15. Does the school prohibit using physical activity* and withholding physical education class** as punishment? Is this prohibition consistently followed?

** An example of **using physical activity** as punishment is making students run laps or do push-ups as a consequence or inappropriate behavior.*

*** **Withholding physical education class** as punishment means not allowing students to attend all or part of physical education class as a consequence of inappropriate behavior in another class or failure to complete an assignment in another class. It does not refer to the physical education teachers' disciplining students during physical education by having them sit out for a period of time.*

3 = Yes, using physical activity as punishment and withholding physical education class as punishment are prohibited, and both prohibitions are consistently followed.

2 = One of these practices is prohibited, and this prohibition is consistently followed.

1 = One of these practices is prohibited, but this prohibition is not consistently followed.

0 = Neither practice is prohibited.

Prohibit using food as reward or punishment (N.1)

16. Does the school prohibit giving students food as a reward* and withholding food as punishment**? Is this prohibition consistently followed?

** An example of using food as a reward is providing candy or fast-food coupons to students because they have behaved well or met an academic or fundraising goal.*

*** An example of withholding food as punishment is not giving one student a snack or meal that is offered to all other students, because of his or her inappropriate behavior.*

3 = Yes, using food as a reward and withholding food as punishment are prohibited, and both prohibitions are consistently followed.

2 = Food is occasionally used as a reward, and withholding food as punishment is prohibited consistently.

1 = One of these practices is prohibited, but this prohibition is not consistently followed.

0 = Neither practice is prohibited.

7-03 National Guidelines

17. Does the school have protocols* for referring students to needed services?

- ✓ Community based social service agencies
- ✓ School-based services
- ✓ Substance Abuse services
- ✓ Health services

**Protocols are defined or operationalized practices clearly communicated to and expected of staff.*

3 = The school has a protocol or protocols for all **four** of these services.

2 = The school has a protocol or protocols for **three** of these services.

1 = The school has a protocol or protocols for **two** of these services.

0 = The school has a protocol for **one or none** of these services.

Written policies for self-carry and self-administration of medications (A.1-modified)

18. Does your school or district have written policies* that permit students to self-carry and self-administer prescribed medications that include all of the following?

- ✓ Approval from authorized prescriber (e.g., MD, DO, PNP, etc.)
- ✓ Approval from parent/guardian
- ✓ Approval from school nurse
- ✓ Request for back-up medication to be kept in the school health office
- ✓ Student contract with clear rules and consequences for violations
- ✓ Immediate notification of parent/guardian if permission is withdrawn
- ✓ Annual parental notification about policy
- ✓ Confidentiality agreement between student/ family and school

**Policies can be developed at the school level, or they can be developed at the school district or state level and implemented at the school level. They include legal codes, rules, standards, administrative orders, guidelines, mandates, or resolutions.*

3 = Yes, our school has written policies that include **all** of these components

2 = Our school has written policies that include **most** of these components

1 = Our school has written policies that include only a **few** of these components.

0 = No, our school does **not** have written policies, or the policies do **not** include any of these components.

Written crisis response plan (S.5-modified)

19. Does the school have a written crisis* response plan that includes the following elements, and is the plan practiced regularly and updated as necessary?

- ✓ Assigned roles and responsibilities for a crisis response team
- ✓ **Involvement of mental health/ school support staff on the crisis team**
- ✓ procedures for collaborating with local law enforcement and emergency management agencies
- ✓ “Go box” containing emergency tools such as list of students and staff, emergency phone numbers, walkie-talkie system, map and school floor plan, location of power and utility connections
- ✓ Identification of back-up resources from the district, other schools, and outside groups
- ✓ Plans for dismissing school early, evacuating students to a safer location, sheltering in place, and locking down the building
- ✓ Designated reunion areas for students and families
- ✓ Strategy for informing school staff, families, and community about the school’s plans
- ✓ Media and communications plan
- ✓ Plan for screening voluntary offers of assistance
- ✓ Procedures for handling suspicious packages or envelopes, including actions to minimize exposure to biological and chemical agents
- ✓ **Mental health supports for students and staff, including a contact list for grief counselors and other counseling and psychological services**

**Crisis includes environmental disaster (e.g., fire, flood, tornado, blizzard, earthquake), death or serious injury of a student or staff member, suicide attempt, terrorism, bioterrorism, hazardous chemical spill, explosion, radiation release, mass illness or injury, or any other situation that threatens safety in the school.*

3 = Yes, the school has a plan that includes all of these.

2 = The school has a plan with all but one of the above elements, and it is practiced and updated regularly.

1 = The school has a plan, but it includes less than half of the above elements, or it is not practiced regularly, or it is not updated as necessary.

0 = There is no plan.

7-04 National Guidelines-(expanded by Advisory Group –additional services listed)

20. Does the school have a protocol when there is a suicide or attempted suicide that focuses both on the mental health of the individual directly involved and the school population?

Services for the individual may include:

- ✓ Linkage to mental health services
- ✓ Monitoring of continued participation with mental health services
- ✓ A person or people in the school who are available to sit with and talk to the individual.
- ✓ Protection of student privacy
- ✓ A protocol for communicating with parents about the incident.

Services for the school population may include:

- ✓ Interventions to address stresses that are related to the exposure
- ✓ Identification of students at risk for copy behavior
- ✓ Referrals as necessary for evaluation and services
- ✓ Education about the connection of suicide to depression
- ✓ A person or people in the school who are available to sit with and talk to students.

3 = Yes, our school has a protocol and has identified on-site resources for use when there is a suicide or attempted suicide that focuses both on the mental health of the individual directly involved and the school population.

2 = Our school has a protocol for assisting either the mental health of the individual directly involved or the school population.

1 = We have an informal plan for assisting students impacted by suicide.

0 = We do not have a plan to assist individuals impacted by suicide.

7-06 National Guidelines

21. Do school staff make accommodations and/or adjustments* for students during and after experiences of psychological trauma or loss?

*Examples of accommodations and/or adjustments for students experiencing trauma and loss may include:

- ✓ Allowing the student time out of the classroom to meet with the school counselor, nurse, psychologist or social worker.
- ✓ Extending due dates for assignments and rescheduling exams
- ✓ Providing classroom discussion appropriate to the situation
- ✓ Acting discretely, if necessary

3 = Yes **all** of these accommodations/adjustments are **consistently** offered to students who have experienced or are experiencing trauma and loss.

2 = **Some** of these accommodations/adjustments are **consistently** offered to students who have experienced or are experiencing trauma and loss.

1 = **Some** of these accommodations/adjustments are **sometimes** offered to students who have experienced or are experiencing trauma and loss.

0 = These accommodations/adjustments are **rarely if ever** offered to students who have experienced or are experiencing trauma and loss.

National Guidelines 7-03 (expanded- Training frequency determined by Advisory Group)

22. Does the school have a protocol for responding to disruptive or violent behavior? Are staff aware and do they have training on this protocol?

3 = The school has a protocol for responding to this type of behavior and all staff receive training on it at least yearly.

2 = The school has a protocol for responding to this type of behavior and new staff receive training on it during their orientation while other staff receive a booster training* at least yearly

1 = The school has a protocol for responding to this type of behavior but staff do not receive any regular training on it.

0 = The school does not have a protocol for responding to this type of behavior.

A **booster training is a short “reminder” training offered some time after a thorough training on the same topic.*

5th Annual Safe Schools Summit (Salem, Oregon-2006)- Bullying Prevention Presentation

23. Does the school participate in a bullying prevention program that includes the following?

- ✓ Provides potential bullying bystanders skills to intervene on behalf of the victim
- ✓ Frames bullying as violence rooted in power and control
- ✓ Includes relational aggression* as a facet of bullying

****Relational aggression** is behavior carried out with the specific intent to harm someone else’s friendships, isolate someone from a peer group, and/or ostracize someone.*

3 = The school participates in a bullying prevention program that includes all **three** of the elements above.

2 = The school participates in a bullying prevention program that includes **two** of the elements above.

1 = The school participates in a bullying prevention program that includes **one** of the elements above.

0 = The school **does not** participate in a bullying prevention program that includes any of the elements above.

7-07 National Guidelines (modified -3-27-06 Advisory- detail added)

24. Does the school assess the need for mental health resources* for both bullies and victims? Are these students then linked with appropriate services?

3 = Yes, the school **consistently** assesses the need for mental health resources for **both** bullies and victims and students are linked with appropriate services as needed.

2 = The school **often** assesses the need for mental health resources for **both** bullies and victims and students are **sometimes** linked with appropriate services as needed

1 = The school assesses the need for mental health resources for **only** victims of bullying and links the student to appropriate resources.

0 = The school assesses the need for mental health resources only for bullies or the school does not assess the need for mental health services for any students involved in a bullying incident.

**Mental health resources may include counseling, a behavioral management plan for the bully and a safety plan⁶ for the victim.*

7-08 National Guidelines (modified-3-27-06 Advisory- screening language added)

25. Are students who are suspended or expelled screened for mental health, substance abuse and social service needs and linked to appropriate services before they leave the school building?

3 = Yes, students who are suspended or expelled are screened for mental health, substance abuse and social service needs and linked to appropriate services before they leave the school building.

2 = Students who are suspended or expelled are provided with information for services as needed before they leave the school building.

1 = Students who are suspended or expelled are provided with information for services after they have left the building.

0 = No, students who are suspended or expelled are not screened for mental health, substance abuse or social service needs or linked to appropriate services before they leave the school building.

⁶ A safety plan consists of a written or verbal plan created in partnership between a student and a caring adult. The safety plan should specifically explain how a student can get through the day safely and what the student should do if they are confronted with a dangerous situation or if they continue to be bullied. The safety plan also outlines what adults will do to keep the student safe. A safety plan should be used with a victim of bullying while actions are being taken to prevent the bully from using power and control to harm others.

7-02 National Guidelines

26. Does the school integrate* mental health promotion into the school day?

*Integration of mental health promotion can include:

- ✓ Is mental wellness discussed as part of a class on health?
- ✓ Do staff talk with students about emotions and feelings in a validating way?
- ✓ Teaching that both appropriate and inappropriate behavior can stem from one's feelings
- ✓ Promote student introspection and verbalization of strategies to problems or stressors

3 = Yes, our school integrates mental health promotion into the school day in all **four** of the ways listed above.

2 = Our school integrates mental health promotion into the school day in **three** of the ways listed above.

1 = Our school integrates mental health promotion into the school day in **one or two** of the ways listed above.

0 = Our school **does not** integrate mental health promotion into the school day in any of the ways listed above.

7-03 National Guidelines (modified Advisory Group 3/27/06-prevention operationalized and stressful situations listed)

27. Does the school implement prevention* programs that focus on recognition of stressful life situations**?

*Prevention means taking **action** to build resilience and to prevent problems before they occur⁷.

**Stressful situations include but are not limited to:

- ✓ School adjustment difficulties
- ✓ Speech impairments such as stuttering
- ✓ Being taught in a language in which you are not fluent (English as a second language)
- ✓ School and life transitions
- ✓ Substance and alcohol use
- ✓ Trauma
- ✓ Grief/Loss

3 = Yes, our school implements prevention programs that focus on the recognition of wide range of stressful life situations including **six** of the situations listed above*.

2= Our school implements prevention programs that focus on the recognition of **three to five** of the situations listed above.

1= Our school implements prevention programs that focus on the recognition of **one or two** of the situations listed above.

0 = No, our school **does not** implement prevention programs that focus on recognition of a variety of stressful life situations*

⁷ Prevention Institute. <http://www.preventioninstitute.org/home.html>. Cited 7/19/06.

7-03 National Guidelines (modified- Advisory Group 3/27/06- interventions and stressful situations listed)

28. Does the school implement interventions* to help students deal with stressful life situations**?

***Interventions** could include:

- ✓ Individual or group counseling
- ✓ Academic planning and modifications
- ✓ Problem solving with a mentor
- ✓ School staff meeting with peers or family as necessary

****Stressful situations** include but are not limited to:

- ✓ School adjustment difficulties
- ✓ Speech impairments such as stuttering
- ✓ Being taught in a language in which you are not fluent (English as a second language)
- ✓ School and life transitions
- ✓ Substance and alcohol use
- ✓ Grief/Loss
- ✓ Isolation
- ✓ Psychological reactions to sexual activity
- ✓ Concerns with sexual identity
- ✓ Abuse and Neglect (Physical, mental, and sexual)
- ✓ Witnessing or learning about a violent situation or suicide
- ✓ Physical or mental disability
- ✓ Relationship/ dating violence
- ✓ Family concerns

3 = The school implements **all four** of the interventions above to assist students with any stressful life situation including all of those listed above.

2 = The school implements **three** of the interventions above to assist students with any stressful life situation including all of those listed above.

1 = The school implements **two** of the interventions above to assist students with any stressful life situation including all of those listed above.

0 = The school implements **one** of the interventions above to assist students with any stressful life situation including all of those listed above.

Or

The school does not assist students with some of the stressful life situations above.

29. *Professional development on addressing mental health concerns and mental health promotion (A.2-modified)*

Have school staff members* received professional development on methods of supporting and promoting mental health on campus?

** All school staff members include: classroom teachers, instructional assistants, physical education teachers, health education teachers, food service staff, school nurses, health assistants, counseling/psychological/social services providers, recess supervisors, coaches, administrators, secretaries, facility and maintenance staff, bus drivers, school resource officers, and before and after school staff.*

This professional development could include:

- ✓ Stigma reduction
- ✓ Ways of supporting students to have a healthy perspective on their lives
- ✓ Warning signs of a troubled student
- ✓ Suicide Prevention (ASIST, QPR, RESPONSE)
- ✓ Violence Prevention
- ✓ Importance of school climate
- ✓ Supportive listening
- ✓ Understanding of mental health referral protocol
- ✓ Mandatory Reporting requirements
- ✓ Cultural awareness
- ✓ Bullying interventions
- ✓ Assisting students with transitions
- ✓ Classroom management
- ✓ Alcohol and other drugs
- ✓ Taking a student report on abuse or harassment

3 = Yes, staff members have received professional development on **all fifteen** of the topics above.

2 = Staff members have received professional development on **twelve to fourteen** of the topics above.

1 = Staff members have received professional development on **five to eleven** of the topics above.

0 = Staff members have received professional development on **four or less** of the topics above.

7-02 National Guidelines-modified

30. Do staff receive professional development* and support so that they understand lay mental health and mental health promotion and translate this information to students?

*Professional development and support could include:

- ✓ Training in the area of developmental psychology or child development that will allow staff to form expectations of students that are appropriately adjusted to students' developmental stages.
- ✓ Information about symptoms of mental issues that would indicate that a student should be referred to a mental health service provider.
- ✓ Communication with and support from members of the counseling, psychological, health and social staff regarding the needs of groups or of individual students.

3 = Yes, staff at my school receive training on all **three** topics above.

2 = Staff receive training on **two** of the topics above.

1 = Staff receive training on **one** of the topics above.

0 = Staff training on mental health does not include any of the points above, or staff are not provided professional development on mental health.

Page, R.M. et al 2003. *Fostering Emotional Well-Being in the Classroom*

31. Are teaching staff held accountable for practicing methods* to ensure an emotionally safe** classroom for youth?

***Methods** would include:

- ✓ Maintaining appropriate boundaries with students and between students
- ✓ Confidentiality/ privacy
- ✓ Manage student disclosure
- ✓ Helping student gain perspective
- ✓ Rules implemented the same way for all students
- ✓ Providing praise more often than criticism

****Emotionally safe** means that children and youth feel safe.

3 = Staff are responsible for knowing and trained if necessary on **all six** of the methods above.

2 = Staff are responsible for knowing and trained if necessary on **five** of the methods above.

1 = Staff are responsible for knowing and trained if necessary on **three or four** of the methods above.

0 = Staff are not responsible for knowing and not trained if necessary on **three** of the methods above.

7-02 National Guidelines

32. Do adults take proactive steps* to make students aware of available social and mental health services or supports?

Active adult efforts could include:

- ✓ Dissemination of resource materials to students (i.e. youth hotlines)
- ✓ Utilizing curriculum which identifies support services appropriate to a real or fictional situation
- ✓ Discussing how to make direct contact with support sources

**Proactive steps are steps that are taken before a need for them is obvious.*

3 = Campus adults use **all three** of the strategies above to make students aware of available social and mental health resources.

2 = Campus adults use **two** of the strategies above to make students aware of available social and mental health resources.

1 = Campus adults use **one** of the strategies above to make students aware of available social and mental health resources.

0 = Campus adults do not use any of the strategies above to make students aware of available social and mental health resources.

7-04 National Guidelines

33. Does the school or school district use data collection and data analysis systems that provide for:

- ✓ Tracking cases of violence*
- ✓ Feedback to the school and the community**
- ✓ Evaluation of the school's prevention programs***

*Tracking cases involves:

- ✓ Establishing clear definitions for all forms of verbal and physical violence.
- ✓ Establishing a system responsible for collecting, storing, and analyzing data on violence and suicide incidents.
- ✓ Developing brief, user-friendly procedures for reporting and recording incidents.
- ✓ Assuring that reporting incidents does not have negative consequences.
- ✓ Assuring that all school staff, students, and parents are involved in the reporting process.

**Feedback involves:

- ✓ Developing a communication process that transmits results of data analysis to key members of the school community.
- ✓ Identifying school and community stakeholders who review data reports and provide leadership in responding to changes or lack of changes in suicide and violent incident trends.

***Program evaluation includes:

- ✓ Documenting program implementation.
- ✓ Linking program implementation to an ongoing case/incident tracking system.
- ✓ Utilizing information to change and/or modify program activities in response to data.

3 = The school or school district uses data collection and data analysis systems that provide for tracking cases of violence, feedback to the school and the community, evaluation of the school's prevention programs.

2 = The school or school district uses data collection and data analysis systems that provide for tracking cases of violence and feedback to the school and the community or evaluation of the school's prevention programs.

1 = The school or school district uses data collection and data analysis systems that provide for tracking cases of violence.

0 = The school or school district does not use a data collection and data analysis system that provides for tracking cases of violence.

(MH-PET- TJ Cosgrove, 2006 NASBHC Conference, Portland OR)

34. Does the school offer mental health programs or services at the universal*, selective**, and indicated*** levels?

Note: Universal, selective, and indicated are Institute of Medicine (IOM) Classifications

The IOM prevention classification scheme is helpful in delineating target populations and understanding the differing objectives of various interventions. The IOM system classifies prevention interventions into three categories—universal, selective, and indicated. Definitions of the three categories are below.

****Universal** preventive interventions are activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk. These are services for the whole school, all students.*

*****Selective** preventive interventions are activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average. These are services for kids who have been identified with significant risk factors.*

******Indicated** preventive interventions are activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. These are services for students with identified problems.*

3 = The school offers on-site mental health programs or services at all three levels or school offers on-site mental health programs or services at the universal and selective levels and refers students to community resources for indicated services

2 = The school offers on-site mental health programs or services at the universal level and connects students to nearby community services for the selective and indicated levels.

1 = The school occasionally offers on-site mental health programs or services at the universal or selective level.

0 = The school site does not provide mental health programs or services

Module 1: School Health and Safety Policies and Environment

Planning Questions

The Module 1 Planning Questions will help your school use its *Mental Health Inventory* results to identify and prioritize changes needed to improve policies and programs to address student mental health. The answers on this form should guide your module team's presentation to the entire *School Health Advisory Council*.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the strengths and weaknesses of your school's policies and environment related to student's mental health?

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (for example, create and maintain a school health advisory council).

Module 2- Health Education Score Card

Instructions

1. Carefully read and discuss the Module 2 Discussion Questions which contain questions and scoring descriptions for each item listed on this Score Card.
2. Place a check mark in the box that corresponds to the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 2 Planning Questions located at the end of this module.

Fully in Place 3	Partially in Place 2	Under develop-ment 1	Not in Place 0
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1. Does the school require all students to take and pass at least one health education course?				
2. Do all who teach health education use a sequential* health education curriculum that is consistent** with state standards for health education (standards listed in Appendix I)?				
3. Do all who teach health education use active learning strategies* and activities that students find enjoyable and personally relevant?				
4. Do all who teach health education train students on the skills needed to adopt healthy lifestyles*, by giving students opportunities to practice these skills rather than just having them learn facts?				
5. Do all who teach health education use a variety of culturally appropriate examples and activities* that reflect the community's cultural diversity?				
6. Do all who teach health education use assignments and projects that encourage students to interact with family members* and community organizations**?				
7. Are all health education classes taught by credentialed* health education teachers?				

Module 2 page 2	Fully in Place 3	Partially in Place 2	Under develop-ment 1	Not in Place 0
8. Do all who teach health education participate at least once a year in professional development/continuing education* in health education?				
9. Have all who teach health education received professional development in delivering the health and safety curriculum*?				
10. Have all teachers received professional development in management techniques, such as the following, to create calm, orderly classrooms?				
11. Has your school or district participated in a health education mapping and alignment process* in the last three years?				
12. Does the health education curriculum address all of these essential topics related to mental health?				
13. Does the health education curriculum include at least 6-8 hours of mental health information (each academic year) tailored to each grade using the Oregon Health Education Standards- Promotion of Mental, Social and Emotional Health Strand? (please see Appendix 1)				
Column Totals: For each column, add up the numbers that are circled and enter the sum in this row.				

**Total Points: Add the four sums Above and enter the total to the right.
Module Score = (Points scored/39) x 100**

%

Module 2- Health Education

Discussion Questions

Required health education course (CC.1)

1. Does the school require all students to take and pass at least one health education course?

3 = Yes.

2 = Students are required to take one course, but they do not have to take it again if they fail it.

1 = No, but there is an elective health education course.

0 = No.

Sequential health education curriculum consistent with standards (CC.3-modified advisory group 3/27/06)

2. Do all who teach health education use a sequential* health education curriculum that is consistent** with state standards for health education (standards listed at the end of this module)?

****Sequential** means a curriculum that builds on concepts taught in preceding years.*

*****Consistent** means that the curriculum addresses the key learning objectives identified by the standards.*

3 = **Yes**. All teachers use a sequential health education curriculum, and it is consistent with state or national standards.

2 = **Most** teachers use a sequential health education curriculum, and it is consistent with state or national standards.

1 = **Some** teachers use a sequential health education curriculum, and it is consistent with state or national standards.

0 = **None** do, or the curriculum is not sequential, or there is no health education curriculum.

*More information about Oregon educational standards can be found at:
<http://www.ode.state.or.us/teachlearn/real/standards/Default.aspx>*

Active learning strategies (CC.4)

3. Do all who teach health education use active learning strategies* and activities that students find enjoyable and personally relevant?

***Active learning strategies** include interactive teaching methods to encourage student involvement rather than relying solely on a lecture format. Active learning strategies include

- ✓ Supervised practice
- ✓ Discussion
- ✓ Cooperative learning
- ✓ Simulations and learning games
- ✓ Teacher and peer modeling
- ✓ Role-playing
- ✓ Goal-setting
- ✓ Rehearsal
- ✓ Visualization

3 = Yes, **all** do.

2 = **Most** do.

1 = **Some** do.

0 = **None** do, or no one teaches health education.

Opportunities to practice skills (CC.5)/NASBHC

4. Do all who teach health education train students on the skills needed to adopt healthy lifestyles*, by giving students opportunities to practice these skills rather than just having them learn facts?

*Examples of skills needed to adopt healthy lifestyles include:

- ✓ Reading food labels
- ✓ Planning healthy snacks
- ✓ Developing a safe, individualized physical activity plan
- ✓ Identifying and countering tobacco and alcohol industry marketing strategies
- ✓ Understanding physical, social, and legal consequences of drug use
- ✓ Coping with difficult personal situations such as peer pressure and family tobacco use
- ✓ Managing anger
- ✓ Basic emergency lifesaving (e.g., going to an adult for help, first aid, cardiopulmonary resuscitation [CPR])
- ✓ Wearing and correctly using protective equipment (e.g., bicycle helmet, seat belt, eye protection)

3 = Yes, **all** do.

2 = **Most** do.

1 = **Some** do.

0 = **None** do, or no one teaches health education.

Culturally appropriate examples and activities (CC.6)

5. Do all who teach health education use a variety of culturally appropriate examples and activities* that reflect the community's cultural diversity?

*Examples of culturally appropriate activities include:

- ✓ Featuring people of various ethnic/racial backgrounds
- ✓ Highlighting the contributions and skills of people from a variety of cultural, racial, and ethnic groups
- ✓ Not stigmatizing or stereotyping any groups
- ✓ Validating and building students' self-esteem and sense of culture and national background
- ✓ Reflecting an acknowledgment of and excitement about student diversity
- ✓ Respecting and appreciating individual differences (e.g., race, ethnicity, sex, sexual orientation, religion, physical or mental ability, appearance, other personal characteristics)

3 = Yes, **all** do.

2 = **Most** do.

1 = **Some** do.

0 = **None** do, or no one teaches health education.

Assignments encourage student interaction with family and community (CC.7)

6. Do all who teach health education use assignments and projects that encourage students to interact with family members* and community organizations**?

*Examples of ways to **interact with family members** include

- ✓ Doing homework assignments with parents, guardians, or other family members
- ✓ Conducting surveys of family members
- ✓ Sharing information with family members
- ✓ Exhibiting student projects at school for family viewing
- ✓ Participating in fun family activities related to safe physical activity and healthy eating
- ✓ Encouraging family discussion of the negative aspects of tobacco use, bullying, and violence
- ✓ Preparing and practicing a home fire escape plan with the family

**Examples of ways to interact with community organizations include

- ✓ Gathering information about existing community-based services
- ✓ Having students volunteer to help deliver services through community-based organizations, service learning, and community development projects
- ✓ Participating in community-based special events and attending community-based organizations after school
- ✓ Participating in community actions such as supporting tobacco-free environments
- ✓ Participating in community advocacy groups (Students Against Drunk Driving, 4-H, and Family, Career, and Community Leaders of America)

3 = Yes, **all** do.

2 = **Most** do.

1 = **Some** do.

0 = **None** do, or no one teaches health education.

Credentialed health education teachers (CC.8)

7. Are all health education classes taught by credentialed* health education teachers?

***Credentialed** means teachers who have been awarded a credential, by the state, permitting them to teach health education.

3 = Yes, **all** are.

2 = **Most** classes are.

1 = **Some** classes are.

0 = **No** classes are, or there are no health education courses.

Professional development in health education (CC.9)

8. Do all who teach health education participate at least once a year in professional development/continuing education* in health education?

**Professional development/continuing education means on-site (e.g., school, district) and off-site (e.g., city, state, national) training opportunities.*

3 = Yes, **all** do.

2 = **Most** do.

1 = **Some** do.

0 = **None** do, or no one teaches health education.

Professional development in delivering curriculum (CC.10)

9. Have all who teach health education received professional development in delivering the health and safety curriculum*?

*This would include topics such as the following:

- ✓ Discussion of the curriculum's underlying theory and conceptual framework
- ✓ Demonstration of program activities by a skilled trainer
- ✓ Opportunities to practice curricular activities during training

3 = Yes, **all** have.

2 = **Most** have.

1 = **Some** have.

0 = **None** have.

Professional development in classroom management techniques (CC.11)

10. Have all teachers received professional development in management techniques, such as the following, to create calm, orderly classrooms?

- ✓ Cooperative learning methods
- ✓ Social skills training
- ✓ Promoting interactive learning
- ✓ Classroom and environmental modification
- ✓ Conflict resolution and mediation
- ✓ Behavior management

3 = Yes, **all** have.

2 = **Most** have.

1 = **Some** have.

0 = **None** have.

(Health Education Curriculum Specialist, Oregon Department of Education)

11. Has your school or district participated in a health education mapping and alignment process* in the last three years?

**Mapping and alignment is a process by which a curriculum plan, usually in chart form is developed. It usually includes a range of instructional objectives, skills, and benchmarks and is organized according to the successive levels at which they are taught.*

3 = Yes my school or district has participated in a health education mapping and alignment process in the last three years.

2 = My school or district has a mapping and alignment session scheduled.

1 = My school or district has participated in a mapping and alignment session 4 to 6 years ago.

0 = My school or district has participated in a mapping and alignment session over six years ago or my school or district has never participated in a mapping and alignment session.

Essential topics on mental health awareness (A.1-modified)

12. Does the health education curriculum address all of these essential topics related to mental health?

- ✓ Origins of mental health issues/problems are real and treatable
- ✓ Warning signs of a friend or classmate who may need adult help
- ✓ Symptoms of mental illness
- ✓ Mental Wellness
- ✓ Methods for promoting mental health in one's own life and in the community
- ✓ The connection between depression and other mental health disorders with suicide
- ✓ Demonstrating empathy for people with mental health problems
- ✓ Prevalence of mental health problems in the United States and abroad.
- ✓ Stigma surrounding mental problems
- ✓ An examination of mental health concerns suggested anonymously by the class
- ✓ An examination of mental problems that includes: Depression, Anxiety Disorders, Bipolar Disorder, Schizophrenia, Obsessive compulsive disorder
- ✓ Information about risk and protective factors
- ✓ Information about how mental health and mental health issues impact physical health and risk behaviors.
- ✓ Grief and loss
- ✓ Trauma
- ✓ Stress reduction

3 = Yes, addresses **all** of these topics.

2 = Addresses **most** of these topics.

1 = Addresses **some** of these topics.

0 = Addresses **one or none** of these topics, or there is **no** health education curriculum.

(Health Education Curriculum Specialist, Oregon Department of Education)

13. Does the health education curriculum include at least 6-8 hours of mental health information (each academic year) tailored to each grade using the Oregon Health Education Standards-Promotion of Mental, Social and Emotional Health Strand? (Please see Appendix 1)

3 = Yes, at least **six to eight** hours of mental health information is included.

2 = We generally spend **four to five** hours on mental health information in our health education curriculum each year.

1= We generally spend **less than four** hours on mental health information in our health education curriculum each year.

0= We **do not** include mental health education information in our health curriculum or we do not have a health curriculum.

APPENDIX 1.

Oregon State Standards for Health Education

Mental Social and Emotional Health Strand

PROMOTION OF MENTAL, SOCIAL, AND EMOTIONAL HEALTH:

Acquire knowledge and skills to understand that mental, social and emotional health contributes to building and maintaining interpersonal and intrapersonal relationships.

COMMON CURRICULUM GOALS	CONTENT STANDARDS	BENCHMARK 1 (GRADE 3)	BENCHMARK 2 (GRADE 5)	BENCHMARK 3 (GRADE 8)	CIM
<p>Demonstrate accessing information and interpersonal communication skills while understanding the components of mental, social and emotional health.</p>	<p>Explain the key components of mental, social and emotional health.</p> <p>Demonstrate ability to access valid health and safety related information.</p> <p>Demonstrate ability to use interpersonal communication skills (verbal and non-verbal) to enhance health and safety.</p>			<p>Identify how emotions change during adolescence.</p> <p>Identify school, home and community resources for mental and emotional health concerns.</p>	<p>Explain different signs and symptoms of addictive behaviors.</p> <p>Identify school and community resources that support people with addictive behaviors.</p> <p>Identify how to communicate to a friend or relative you think is an addict and should get support/help.</p>

Module 2: Health Education

Planning Questions

The Module 2 Planning Questions will help your school use its *Mental Health Inventory* results to identify and prioritize changes needed to improve policies and programs to address student mental health. The answers on this form should guide your module team's presentation to the entire *School Health Advisory Council*.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the strengths and weaknesses of your school's policies and environment related to student's mental health?

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (for example, create and maintain a school health advisory council).

Planning Question 3: List each of the actions identified in question 2. Use the five-point scale defined below to rank each action on 5 dimensions (importance, cost, time, commitment, feasibility). Add the ranking points for each action to get total points. Use the total points to help you choose one, two, or three top-priority actions that you will recommend to your School Health Advisory Council for implementation this year.

Importance	How important is the action to promoting mental health or providing mental health services for my school? 5= very important 3= moderately important 1= not important
Cost	How expensive would it be to plan and implement the action? 5= Not expensive 3= moderately expensive 1= very expensive
Time	How much time would it take to implement the action? 5= Short term (1 semester) 3= Medium (1-2 school years) 1= Long term (more than 2 school years)
Commitment	How enthusiastic would the school community be about implementing the action? 5= very enthusiastic 3= moderately enthusiastic 1= not enthusiastic
Feasibility	How difficult would it be to attain the action? 5= not difficult 3= moderately difficult 1= very difficult

Module 2 Action	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top-Priority Action?

Module 3 Physical Education and Other Physical Activity Score Card

Instructions

1. Carefully read and discuss the Module 3 Questionnaire which contains questions and scoring descriptions for each item listed on this Score Card.
2. Place a check mark in the box that corresponds to the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 3 Planning Questions located at the end of this module.

Fully in Place 3	Partially in Place 2	Under develop-ment 1	Not in Place 0
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1. Do most students, including most that are athletically gifted and most that are not as athletically gifted, find physical education an enjoyable and fun experience?				
2. Does the physical education program consistently use all or most of the following practices as appropriate to include students with special health care needs*?				
3. Does the physical education program implement and enforce all of the following safety practices?				
4. Do physical education teachers discuss the impact that physical activity can have on mental health?				
Column Totals: For each column, add up the numbers that are circled and enter the sum in this row.				

**Total Points: Add the four sums Above and enter the total to the right.
Module Score = (Points scored/ 12) x 100**

%

Module 3 Physical Education and Other Physical Activity

Discussion Questions

Physical education is enjoyable (PA.10)

1. Do most students, including most that are athletically gifted and most that are not as athletically gifted, find physical education an enjoyable and fun experience?

3 = Yes, **most** of one group and **most** of the other group find it enjoyable.

2 = **Most** of one group but **few** of the other group find it enjoyable.

1 = **Few** in both groups find it enjoyable.

0 = **Hardly** anyone in either group find it enjoyable, or there is no physical education.

Physical Education (PA.16/ A.1- modified to include mental health as a special health care need)

2. Does the physical education program consistently use all or most of the following practices as appropriate to include students with special health care needs*?

- ✓ Encouraging active participation; modifying type, intensity, and length of activity if indicated in Individualized Education Plans (IEP), asthma action plans, or 504 Plans
- ✓ offering adapted physical education classes
- ✓ Using modified equipment and facilities
- ✓ Ensuring that students with chronic medical conditions are fully participating in physical activity
- ✓ Monitoring signs and symptoms of chronic medical conditions
- ✓ Encouraging students to self-carry and self-administer their medications (including pre-medicating and/or responding to asthma symptoms) in the gym and on playing fields; assisting students who do not self-carry
- ✓ Encouraging students to conduct self-testing (i.e., using a peak flow meter) in the gym and on playing fields (if the parent/guardian, health care provider, and school nurse so advise); assisting students who do not self-test
- ✓ Using a second teacher, aide, physical therapist, or occupational therapist to assist students, as needed
- ✓ Using peer teaching (e.g., teaming students without special health care needs with students who have such needs)

* Examples of special health care needs include learning disabilities, developmental disabilities, **mental health** and behavioral disorders, physical disabilities, temporary physical limitations, and chronic medical conditions such as diabetes, asthma, and scoliosis.

3 = Yes, the physical education program uses **all or most** of these instructional practices consistently.

2 = The physical education program uses **some** of these instructional practices **consistently**.

1 = The physical education program uses **some** of these instructional practices, but **not consistently**. (that is, not by all teachers or not in all classes that include students with special health care needs).

0 = The program uses **none** of these practices, or there is no physical education program.

Physical education safety practices (S.1/PA.12/A.2)

3. Does the physical education program implement and enforce all of the following safety practices?

- ✓ Practice active supervision*
- ✓ Encourage prosocial behaviors**?
- ✓ Use protective clothing and safety gear that is appropriate to child's size and in good shape
- ✓ Use safe, age-appropriate equipment
- ✓ Minimize exposure to sun, smog, and extreme temperatures
- ✓ Use infection control practices for handling blood and other body fluids
- ✓ Monitor the environment to reduce exposure to potential allergens or irritants (e.g., pollen, bees, strong odors, chemicals and other environmental factors)

**Active supervision means using practices such as observing, listening to students, anticipating and effectively responding to unsafe situations, and discouraging pushing and bullying.*

*** Prosocial behaviors are cooperation, conflict resolution, and helping others.*

3 = Yes, all these safety practices are followed.

2 = All these safety practices are followed, but at times the school has temporary lapses in implementing or enforcing one of them.

1 = One of these safety practices is not followed, **or** at times the school has temporary lapses in implementing or enforcing one of them.

0 = More than one of these safety practices is not followed, or there is no physical education program

4. Do physical education teachers discuss the impact that physical activity can have on mental health?

- ✓ Discuss the positive psychological impacts* of exercise?

*Physical exercise has been shown to have a therapeutic effect on depressed individuals.⁸

3 = Yes, this topic is part of our physical education curriculum.

2 = Yes, our physical education teachers make this point to each new class.

1 = Our physical education teachers sometimes tell classes about this connection.

0 = Our physical education teachers do not discuss the interplay between physical and mental health with students.

⁸ Babyak M., et al. 2000 Psychosom Med. Sep-Oct;62(5):633-8.

Module 3: Physical Education and Other Physical Activity Programs

Planning Questions

The Module 3 Planning Questions will help your school use its *Mental Health Inventory* results to identify and prioritize changes needed to improve policies and programs to address student mental health. The answers on this form should guide your module team's presentation to the entire *School Health Advisory Council*.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the strengths and weaknesses of your school's policies and environment related to student's mental health?

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (for example, create and maintain a school health advisory council).

Planning Question 3: List each of the actions identified in question 2. Use the five-point scale defined below to rank each action on 5 dimensions (importance, cost, time, commitment, feasibility). Add the ranking points for each action to get total points. Use the total points to help you choose one, two, or three top-priority actions that you will recommend to your School Health Advisory Council for implementation this year.

Importance	How important is the action to promoting mental health or providing mental health services for my school? 5= very important 3= moderately important 1= not important
Cost	How expensive would it be to plan and implement the action? 5= Not expensive 3= moderately expensive 1= very expensive
Time	How much time would it take to implement the action? 5= Short term (1 semester) 3= Medium (1-2 school years) 1= Long term (more than 2 school years)
Commitment	How enthusiastic would the school community be about implementing the action? 5= very enthusiastic 3= moderately enthusiastic 1= not enthusiastic
Feasibility	How difficult would it be to attain the action? 5= not difficult 3= moderately difficult 1= very difficult

Module 3 Action	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top-Priority Action?

Module 4- Nutrition Services Score Card

Instructions

1. Carefully read and discuss the Module 4 Questionnaire which contains questions and scoring descriptions for each item listed on this Score Card.
2. Place a check mark in the box that corresponds to the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module.

Fully in Place 3	Partially in Place 2	Under develop-ment 1	Not in Place 0
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1. Does the school offer nutritious breakfast and lunch programs* that are fully accessible** to all students?				
2. Does the school provide students with a clean, safe, and pleasant cafeteria, according to the following criteria?				
3. Are school food service staff and cafeteria monitors (e.g., teachers, aides) trained to respond quickly and effectively to the following types of emergencies?				
Column Totals: For each column, add up the numbers that are circled and enter the sum in this row.				

**Total Points: Add the four sums Above and enter the total to the right.
Module Score = (Points scored/ 9) x 100**

%

Module 4- Nutrition Services

Discussion Questions

Breakfast and lunch programs (N.1)

1. Does the school offer nutritious breakfast and lunch programs* that are fully accessible** to all students?

**Nutritious breakfast and lunch programs means school-sponsored or district-sponsored programs that are designed to meet the U.S. Department of Agriculture School Meal Nutrition Standards.*

***Fully accessible means that the school (1) offers free and reduced-price meals for students who meet income requirements in a way that ensures these students are not identified by other students as recipients of these programs and (2) coordinates class and bus transportation schedules so that all students can eat breakfast and lunch at school.*

3 = Yes.

2 = The school offers breakfast and lunch programs, but they are not fully accessible to all students.

1 = The school offers only a lunch program, but there are plans to add a breakfast program.

0 = The school offers only a lunch program and there are no plans to add a breakfast program, or the school does not offer a breakfast or a lunch program.

Clean, safe, pleasant cafeteria (S.1/N.13)

2. Does the school provide students with a clean, safe, and pleasant cafeteria, according to the following criteria?

- ✓ Physical structure (e.g., walls, floor covering) does not need repairs
- ✓ Tables and chairs are not damaged and are of appropriate size for all students
- ✓ Seating is not overcrowded (i.e., never more than 100% of capacity)
- ✓ Rules for safe behavior (e.g., no running, no throwing food or utensils) are enforced
- ✓ Tables and floors are cleaned between lunch periods or shifts
- ✓ Age-appropriate decorations are used
- ✓ Appropriate practices are used to prevent excessive noise levels (e.g., no whistles)
- ✓ Smells are pleasant and not offensive
- ✓ Appropriate eating devices are available when needed for students with special health care needs

3 = Yes, cafeteria meets all **nine** of these criteria

2 = Meets **five to eight** of these criteria.

1 = Meets **three or four** of these criteria.

0 = Meets **two or fewer** of these criteria.

Preparedness for food emergencies (S.2/N.14-modified)

3. Are school food service staff and cafeteria monitors (e.g., teachers, aides) trained to respond quickly and effectively to the following types of emergencies?

- ✓ Choking
- ✓ Natural disasters (e.g., electrical outages affecting refrigeration)
- ✓ Medical emergencies (e.g., severe food allergy reactions, diabetic reactions, need for CPR)
- ✓ Attempts to introduce biological or other hazards into the food supply
- ✓ Situations that require students or others to shelter in the school
- ✓ **Fighting**

3 = Yes, trained for all **six** types of emergencies.

2 = Trained for **five** types of emergencies

1 = Trained for **three or four** types of emergencies

0 = Trained for **two or less** of these types of emergencies

Module 4: Nutrition Services

Planning Questions

The Module 4 Planning Questions will help your school use its *Mental Health Inventory* results to identify and prioritize changes needed to improve policies and programs to address student mental health. The answers on this form should guide your module team's presentation to the entire *School Health Advisory Council*.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the strengths and weaknesses of your school's policies and environment related to student's mental health?

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (for example, create and maintain a school health advisory council).

Planning Question 3: List each of the actions identified in question 2. Use the five-point scale defined below to rank each action on 5 dimensions (importance, cost, time, commitment, feasibility). Add the ranking points for each action to get total points. Use the total points to help you choose one, two, or three top-priority actions that you will recommend to your School Health Advisory Council for implementation this year.

Importance	How important is the action to promoting mental health or providing mental health services for my school? 5= very important 3= moderately important 1= not important
Cost	How expensive would it be to plan and implement the action? 5= Not expensive 3= moderately expensive 1= very expensive
Time	How much time would it take to implement the action? 5= Short term (1 semester) 3= Medium (1-2 school years) 1= Long term (more than 2 school years)
Commitment	How enthusiastic would the school community be about implementing the action? 5= very enthusiastic 3= moderately enthusiastic 1= not enthusiastic
Feasibility	How difficult would it be to attain the action? 5= not difficult 3= moderately difficult 1= very difficult

Module 4 Action	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top-Priority Action?

Module 5- Health Services (Score Card)

Instructions

1. Carefully read and discuss the Module 5 Questionnaire which contains questions and scoring descriptions for each item listed on this Score Card.
2. Place a check mark in the box that corresponds to the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module.

Fully in Place 3	Partially in Place 2	Under develop-ment 1	Not in Place 0
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1. Does the school nurse or other health services provider* promote** the health and safety of students and their families by addressing each of these topics?				
2. Does the school nurse or other health services provider collaborate with other school staff* to promote student health and safety in at least four of the following ways?				
3. Has the school established strong links* with school district services and community resources and identified referral providers for all six of the following services?				
4. Does your school have a full time licensed, registered school nurse. . . ?				
5. Is there a system for collecting student medical information (related to physical activity, nutrition, tobacco use, injury, asthma, mental health)? Is all pertinent information* communicated in writing to all appropriate school staff**?				
6. Does your school have access to and work with a consulting school health physician* who assists with your school health programs?				
7. Does the school nurse or other health services provider identify students who are at risk* of being victims or perpetrators of violence and refer them to . . . community-based services?				
8. Does the school nurse or other health services provider systematically collect information . . . ?				

	Fully in Place 3	Partially in Place 2	Under develop- ment 1	Not in Place 0
9. Does the school nurse or other health services provider have an emergency plan that includes all the components listed below for assessing, managing, and referring students and staff suffering from a medical emergency (e.g., injury, severe asthma episode, psychotic episode* , suicide attempt) to the appropriate level of care?				
10. Does the school nurse or other health services provider take the following actions with students who use tobacco?				
11. Does the school nurse or other health services provider identify students who use <u>alcohol</u> and/or other <u>drugs</u> and take these actions?				
Column Totals: For each column, add up the numbers that are circled and enter the sum in this row.				

**Total Points: Add the four sums
Above and enter the total to the right.
Module Score = (Total points/33) x 100**

%

Module 5- Health Services

Discussion Questions

Health and safety promotion for students and families (CC.2-modified; bold topics below were added)

1. Does the school nurse or other health services provider* promote** the health and safety of students and their families by addressing each of these topics?

- ✓ Promoting physical activity
- ✓ Promoting healthy eating
- ✓ Preventing tobacco use
- ✓ Quitting tobacco use
- ✓ Preventing unintentional injuries***
- ✓ Preventing violence**** and suicide
- ✓ Managing asthma
- ✓ **Promoting mental health**
- ✓ **Referral of students to mental health services as necessary**
- ✓ **Empathy for students experiencing mental health problems**
- ✓ **Awareness of symptoms of mental problems**
- ✓ **Preventing the use of alcohol and other drugs**
- ✓ **Substance abuse treatment options**

* *Health services providers may include: nurse practitioner, registered nurse, physician*

** Examples of ways to promote health and safety include:

- ✓ Distributing educational materials
- ✓ Individual advice or counseling
- ✓ Small group or classroom discussion
- ✓ Presentations
- ✓ Bulletin board displays
- ✓ School newspaper/publications

****Unintentional injuries may result from motor-vehicle crashes, drowning, poisonings, fires, falls, sports- and recreation-related events, and unintentional firearm-related events.*

*****Violence is the threatened or actual use of force against oneself, another person, or a group; it includes aggression, bullying, assault, homicide, suicide, child maltreatment, rape, and dating and intimate partner violence.*

3 = Yes, addresses **all** of these topics

2 = Addresses **seven to twelve** of these topics

1= Addresses **three to six** of these topics

0= Addresses **less than three or none** of the topics

Collaborate with staff (CC.3)

2. Does the school nurse or other health services provider collaborate with other school staff* to promote student health and safety in at least four of the following ways?

- ✓ Developing plans to address student health problems (Individual Health Plans, 504 plans, school team plans)
- ✓ Providing professional development on the health and academic benefits of physical activity, healthy eating, not using tobacco, preventing unintentional injuries and violence, and managing asthma
- ✓ Developing policy
- ✓ Developing curricula or units/lessons
- ✓ Developing and implementing school-wide activities

** Examples of other school staff include: classroom teachers, instructional assistants, physical education teachers, health education teachers, food service staff, counseling/psychological/social services providers, recess supervisors, coaches, administrators, secretaries, facility and maintenance staff, bus drivers, school resource officer, and before- and after-school staff.*

3= Yes, there is collaboration in **at least four** of these ways.

2= There is collaboration in **two or three** of these ways.

1= There is collaboration in **one** of these ways.

0= No, there is **no** collaboration, or the school does not have a school nurse or other health services provider.

Establish strong links with community resources (CC.4-modified)

3. Has the school established strong links* with school district services and community resources and identified referral providers for at least five of the following services?

- ✓ Counseling for health problems affected by physical activity or nutrition
- ✓ Services for weight control
- ✓ Treatment for alcohol or substance use
- ✓ Programs for smoking cessation
- ✓ Asthma management and/or education programs
- ✓ Mental health assessment and referral

Evidence of strong **links includes:

- ✓ A formal partnership or relationship, the terms of which are documented in writing.
- ✓ A history of successful referral and partnership.

3 = Yes, strong community links have been established for all **five or six** of these services.

2 = Strong community links have been established for **three or four** of these services.

1 = Strong community links have been established for **one or two** of these services.

0 = Strong community links have not been established.

Health services provided by a full-time school nurse (CC.1)

4. Does your school have a full-time licensed, registered school nurse responsible for providing (or supervising LPNs or health assistants to provide) health services*? Is an adequate number of full-time school nurses provided, based on the recommended ratio of at least one nurse for every 750 students?

**Health services may include first aid, administration of medications, identification and treatment of acute illnesses, immunizations and vaccination, health screenings, chronic disease management, or emergency care.*

3 = Yes, we have a school nurse present all day everyday, and the recommended ratio is present.

2 = We have a school nurse present all day everyday, but less than 1 for every 750 students.

1 = We have a school nurse present some of the time each week, or we have an LPN or health assistant (supervised by a school nurse) who is present at least some of time each week.

0 = No, we do not have a school nurse, LPN, or health assistant present in our school, or we have an unsupervised LPN or health assistant in our school.

Student medical information (CC.5-modified)

5. Is there a system for collecting student medical information (related to physical activity, nutrition, tobacco use, injury, asthma, mental health)? Is all pertinent information* communicated in writing to all appropriate school staff**?

**All pertinent information is determined in partnership with parents or legal guardians, if possible. All communication should be in compliance with state and federal regulations such as the Family Educational Rights and Privacy Act (FERPA) and the Health Information Portability and Accountability Act (HIPAA). Communication may be in the form of asthma action plans, allergy alerts, injury reports, or through other written mechanisms.*

Regardless of the communication mechanism, pertinent information includes:

- ✓ Signs or symptoms to watch for in the student
- ✓ Specific action to take if student exhibits signs or symptoms
- ✓ Special precautions, if needed
- ✓ A reminder about the confidentiality of this information

***Appropriate school staff are those who “need to know” and could include: classroom teachers, instructional assistants, physical education teachers, health education teachers, food service staff, school nurses, health assistants, counseling/psychological/social services providers, recess supervisors, coaches, administrators, secretaries, bus drivers, school resource officers, and before- and after-school staff.*

3 = Yes all pertinent information is systematically collected and communicated in writing to all appropriate staff.

2 = All pertinent information is systematically collected and communicated to some, but not all appropriate staff.

1 = Some pertinent information is collected and communicated to some staff.

0 = Pertinent information is not collected.

Consulting school health physician (CC.6)

6. Does your school have access to and work with a consulting school health physician* who assists with your school health programs?

A **consulting school health physician supports the needs of students through planning, policy, guidance, and medical consultation. He/she has training and/or experience in child, adolescent and/or school health, to work with school nurses and others on the health and safety team. The physician's function should be specified in a written agreement or contract and may include support of school staff with health and safety roles, interaction with community health professionals, guidance of district policy, and/or specific clinical responsibilities.*

3 = Yes our school has access to a consulting school health physician and has worked with him/her in the past year.

2 = Our school has access to a consulting school health physician through our state or local education or health agency and has worked with him/her in the past two years.

1 = Our school has access to a consulting school health physician through our state or local education or health agency but has not worked with him/her in the past two years.

0 = No, our school does not have access to a consulting school health physician.

Identify and refer students who are victims or perpetrators of violence (S.1)

7. Does the school nurse or other health services provider identify students who are at risk* of being victims or perpetrators of violence and refer them to the most appropriate school-based or community-based services?

*Indicators of students at risk of being victims or perpetrators of violence include

- ✓ Date, time, and place of injury
- ✓ victims of child abuse or neglect
- ✓ observers of violence at home, at school, or in the community
- ✓ victims of dating violence community
- ✓ victims of sexual assault
- ✓ violent offenders
- ✓ victims of bullying or harassment
- ✓ suicide attempters
- ✓ victims of other serious violence
- ✓ those with special health care needs or mobility impairments
- ✓ survivors of serious unintentional injuries
- ✓ Those with learning or emotional disabilities
- ✓ weapon carriers
- ✓ users of alcohol or drugs (especially heavy users)
- ✓ poor academic achievers

3 = Yes, identifies and refers students to the most appropriate services.

2 = Identifies and refers students, but does not always refer them to the most appropriate services.

1 = Identifies students, but sometimes does not refer them to appropriate services.

0 = Does not identify students at risk, or the school does not have a school nurse or other health services provider.

Assess extent of injuries on school property (S.2)

8. Does the school nurse or other health services provider systematically collect information, such as that listed below, on unintentional injuries and violence that occur on school property (including school buses) or that are associated with school-sponsored events? Is the information analyzed and consistently reviewed by school policy-makers?

- ✓ Date, time, and place of injury
- ✓ Names of person(s) injured and of any witnesses
- ✓ Type of injury (e.g., cut, bruise) and location of injury (e.g., face, arm)
- ✓ Activity during which injury occurred (e.g., sporting event, classroom lesson)
- ✓ Agents of injury (e.g., ball, bat, firearm)
- ✓ Contributing factors (e.g., alcohol or drug use, lack of supervision, lack of protective gear)
- ✓ Status of injured person(s) (e.g., student, faculty, staff, visitor)
- ✓ Relationship of injured party to others (e.g., relative, member of gang)
- ✓ Intent (e.g., unintentional, assault, self-inflicted)
- ✓ Description of action taken (e.g., first aid administered, emergency medical services called, parent notified)

3 = Yes, information is collected, analyzed, and consistently reviewed by school policy-makers.

2 = Information is collected, analyzed, and occasionally reviewed by school policy-makers.

1 = Information is collected, analyzed but not reviewed by school policy-makers.

0 = Information is collected but not analyzed or reviewed, or information is not collected, or the school does not have a school nurse or other health services provider.

Emergency response plans (S.3/A.1-Modified-Advisory Board 3/20/06)

9. Does the school nurse or other health services provider have an emergency plan that includes all the components listed below for assessing, managing, and referring students and staff suffering from a medical emergency (e.g., injury, severe asthma episode, **psychotic episode***, **suicide attempt**) to the appropriate level of care?

A **psychotic episode or disturbance involves the sudden onset of at least one of the following psychotic symptoms: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior⁹*

- ✓ Written instructions on contacting emergency service providers, with telephone numbers posted in prominent locations
- ✓ List of health services and other staff and their assignments, including at least one qualified person who will assess the person(s) suffering from a medical emergency and manage immediate care; one person who will call emergency medical services (EMS); one person who will control students in the area; and one person who will direct EMS to the location of the person(s) suffering from a medical emergency
- ✓ Multiple methods for accessing EMS
- ✓ Plan for transporting and referring person(s) suffering from a medical emergency to care, including a protocol for situations in which staff members need to be with a student at a treatment center
- ✓ System for contacting parents and appropriate school personnel (e.g., a central file with daytime contact information for parents and guardians)
- ✓ Provisions for obtaining parental consent if referral for immediate treatment is required
- ✓ Copies of treatment and referral protocols available in first aid kits
- ✓ **Guidelines for psychological support services for affected members of the school community.**

3 = Yes, all of these components are part of the emergency plan.

2 = All but one of these components are part of the emergency plan.

1 = There is a plan, but it lacks more than one of these components.

0 = The school does not have a plan.

⁹ These are the diagnostic features for a brief psychotic disorder. Taken from:
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSMIV) Fourth Edition.
1994. Washington DC. P 302.
Middle/ High School Mental Health Inventory
2008-2009

Screen for tobacco use (T.1)

10. Does the school nurse or other health services provider take the following actions with students who use tobacco?

- ✓ Provide self-help materials
- ✓ Provide referrals to tobacco-use cessation programs
- ✓ Provide brief clinical interventions*

*Brief clinical interventions should follow the Public Health Service's Clinical Practice Guidelines (<http://www.surgeongeneral.gov/tobacco/smokesum.htm>) and consist of the following steps:

- ✓ Ask about tobacco use- at every visit identify and document each student's tobacco use status
- ✓ Advise to quit in clear language, urge every user to quit
- ✓ Assess willingness to attempt to quit- determine the student's willingness to quit
- ✓ Assist an attempt to quit- for a willing student, give advice on how to quit.
- ✓ Arrange a follow-up visit-schedule follow-up contact with the first week of the date the student quit.

3 = Yes, takes **all three** of these actions for students who use tobacco.

2 = Takes **two** of these actions.

1 = Takes **one** of these actions.

0 = Takes **none** of these actions, or the school does not have a school nurse or other health services provider.

Based on (T.1)

11. Does the school nurse or other health services provider identify students who use alcohol and/or other drugs and take these actions?

- ✓ Provide self-help materials
- ✓ Provide referrals to treatment programs
- ✓ Provide brief clinical interventions (school staff should work in partnership with a clinician before participating in any clinical interventions) such as motivational interviewing*

* Motivational interviewing is a therapeutic style intended to help clinicians work with clients to address their ambivalence. During the interview the clinician is directive yet client centered, with a clear goal of eliciting self motivational statements and behavioral change from the client.¹⁰

3 = Yes, takes **all three** of these actions for students who use alcohol and other drugs.

2 = Takes **two** of these actions.

1 = Takes **one** of these actions.

0 = Takes **none** of these actions, or the school **does not** have counseling, psychological , or social services provider.

¹⁰ Substance Abuse and Mental Health Services Administration. Treatment Improvement Protocol (TIP) Series: Enhancing Motivation for Change in Substance Abuse Treatment. 2002. Rockville , MD.
Middle/ High School Mental Health Inventory
2008-2009

Module 5: School Health Services

Planning Questions

The Module 5 Planning Questions will help your school use its *Mental Health Inventory* results to identify and prioritize changes needed to improve policies and programs to address student mental health. The answers on this form should guide your module team's presentation to the entire *School Health Advisory Council*.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the strengths and weaknesses of your school's policies and environment related to student's mental health?

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (for example, create and maintain a school health advisory council).

Planning Question 3: List each of the actions identified in question 2. Use the five-point scale defined below to rank each action on 5 dimensions (importance, cost, time, commitment, feasibility). Add the ranking points for each action to get total points. Use the total points to help you choose one, two, or three top-priority actions that you will recommend to your School Health Advisory Council for implementation this year.

Importance	How important is the action to promoting mental health or providing mental health services for my school? 5= very important 3= moderately important 1= not important
Cost	How expensive would it be to plan and implement the action? 5= Not expensive 3= moderately expensive 1= very expensive
Time	How much time would it take to implement the action? 5= Short term (1 semester) 3= Medium (1-2 school years) 1= Long term (more than 2 school years)
Commitment	How enthusiastic would the school community be about implementing the action? 5= very enthusiastic 3= moderately enthusiastic 1= not enthusiastic
Feasibility	How difficult would it be to attain the action? 5= not difficult 3= moderately difficult 1= very difficult

Module 5 Action	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top-Priority Action?

Module 6- Counseling, Psychological, and Social Services Score Card

Instructions

1. Carefully read and discuss the Module 6 Questionnaire which contains questions and scoring descriptions for each item listed on this Score Card.
2. Place a check mark in the box that corresponds to the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module.

Fully in Place 3	Partially in Place 2	Under develop-ment 1	Not in Place 0
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1. How does the school's counseling, psychological, or social services provider promote the health and safety* of students and their families by addressing each of these topics?				
2. Does the school's counseling, psychological, or social services provider collaborate with other school staff* to promote student health and safety in at least three or more of the following ways?				
3. Has the school established links with school district services and community resources and identified providers for all seven of these services?				
4. Does the school's counseling, psychological, or social services provider have a system for identifying students who are at risk* of being victims or perpetrators of violence, and refer them . . . community-based services?				
5. Does the school's counseling, psychological, or social services provider identify students with health problems affected by physical activity?				
6. Does the school's counseling, psychological, or social services provider identify students with health problems affected by nutrition*?				
7. Does the school's counseling, psychological, or social services provider identify students who use <u>tobacco</u> and take these actions?				
Module 6 page 2				

	Fully in Place 3	Partially in Place 2	Under develop-ment 1	Not in Place 0
8. Does the school's counseling, psychological, or social services provider identify students who use <u>alcohol</u> and/or other <u>drugs</u> and take these actions?				
9. Does the school offer onsite mental health or social service supports for students?				
10. Do staff that provide mental health counseling* have advanced degrees . . . ?				
Column Totals: For each column, add up the numbers that are circled and enter the sum in this row.				

**Total Points: Add the four sums
Above and enter the total to the right.
Module Score = (Total points/30) x 100**

%

Module 6- Counseling, Psychological, and Social Services

Discussion Questions

Health and safety promotion for students and family (CC.1-modified-bold topics added)

1. How does the school's counseling, psychological, or social services provider promote the health and safety* of students and their families by addressing each of these topics?

- ✓ Promoting physical activity
- ✓ Promoting healthy eating
- ✓ Preventing tobacco use
- ✓ Stopping tobacco use
- ✓ Preventing unintentional** injuries
- ✓ Preventing violence*** and suicide
- ✓ Managing asthma
- ✓ **Promoting mental health**
- ✓ **Managing stress**
- ✓ **Preventing substance abuse**
- ✓ **Stopping substance abuse**
- ✓ **Supporting healthy relationships**

*Staff can promote health and safety in a number of ways, including

- ✓ Distributing educational materials
- ✓ Individual advice or counseling
- ✓ Small group or classroom discussions
- ✓ Presentations

** *Unintentional injuries* may result from motor-vehicle crashes, drowning, poisonings, fires, falls, sports-and recreation related events, and unintentional firearm-related events.

****Violence* is the threatened or actual use of force against oneself, another person, or a group; it includes aggression, bullying, assault, homicide, suicide, child maltreatment, rape, and dating and intimate partner violence.

3 = Yes, addresses **ten to twelve** of the topics above.

2 = Addresses **five to nine** of the topics above.

1 = Addresses **two to four** of the topics above.

0 = Addresses **less than two** of the topics, or the school **does not** have a counseling, psychological, or social services provider.

Collaborate with staff (CC.2-modified-bold topics added)

2. Does the school's counseling, psychological, or social services provider collaborate with other school staff* to promote student health and safety in at least three or more of the following ways?

- ✓ Providing professional-development training on the health and academic benefits of physical activity, **mental wellness**, healthy eating, not using tobacco, **not using alcohol and other drugs**, preventing unintentional injuries and violence, and managing asthma
- ✓ Developing policy
- ✓ Supporting implementation of evidence-based practice curricula/programs
- ✓ Developing and implementing school-wide activities

** Examples of other staff include: classroom teachers, instructional assistants, physical education teachers, health education teachers, food service staff, school nurses, health assistants, recess supervisors, coaches, administrators, secretaries, facility and maintenance staff, bus drivers, school resource officer, and before- and after school staff.*

3 = Yes, there is collaboration in **at least three** ways.

2 = There is collaboration in **two** ways.

1 = There is collaboration in **one** way.

0 = There is **no** collaboration, of the school does not have a counseling, psychological, or social services provider.

Establish links with community resources (CC.3)

3. Has the school established links with school district services and community resources and identified providers for all seven of these services?

- ✓ Counseling after a student death, suicide threat, suicide attempt, or terrorist attack
- ✓ Counseling victims of child abuse or neglect, intimate partner violence, sexual assault, or other violence
- ✓ Counseling those who witness violence at home, at school, or in the community
- ✓ Services for learning or emotional disabilities
- ✓ Training in anger management
- ✓ Mental health services, particularly for depression and for students who have lost relatives or close friends
- ✓ Case management for students with poorly controlled asthma

3 = Yes, strong community links have been established for all **seven** of these services.

2 = Strong community links have been established for **four to six** of these services.

1 = Strong community links have been established for **one to three** of these services.

0 = Strong community links have not been established.

Identify and refer students who are victims or perpetrators of violence (S.1)

4. Does the school's counseling, psychological, or social services provider have a system for identifying students who are at risk* of being victims or perpetrators of violence, and refer them to the most appropriate school-based or community-based services?

*Indicators of students at risk of being victims or perpetrators of violence include

- ✓ Date, time, and place of injury
- ✓ Victims of child abuse or neglect
- ✓ Observers of violence at home, at school, or in the community
- ✓ Victims of dating violence community
- ✓ Victims of sexual assault
- ✓ Violent offenders
- ✓ Victims of bullying or harassment
- ✓ Suicide attempters
- ✓ Victims of other serious violence
- ✓ Those with special health care needs or mobility impairments
- ✓ Survivors of serious unintentional injuries
- ✓ Those with learning or emotional disabilities
- ✓ Weapon carriers
- ✓ Users of alcohol or drugs (especially heavy users)
- ✓ Poor academic achievers

3 = Yes, identifies and refers students to the most appropriate services.

2 = Identifies and refers students, but does not always refer them to the most appropriate services.

1 = Identifies students, but sometimes does not refer them to appropriate services.

0 = Does not identify students at risk, or the school does not have a counseling, psychological, or social services provider.

Identify and refer students with health problems affected by physical activity (PA.1-modified)

5. Does the school's counseling, psychological, or social services provider identify students with health problems affected by physical activity*? Are those students referred to the most appropriate school-based or community-based services?

****Examples of health problems affected by physical activity include asthma, diabetes, and overweight/obesity, compulsive exercising linked to eating disorders (anorexia and bulimia).***

3 = Yes, identifies and refers students to the most appropriate services.

2 = Identifies and refers students, but sometimes does not refer them to the most appropriate services.

1 = Identifies students, but does not refer them to appropriate services.

0 = Does not identify students with these problems, or the school does not have a counseling, psychological, or social services provider.

Identify and refer students with health problems affected by nutrition (N.1)

6. Does the school's counseling, psychological, or social services provider identify students with health problems affected by nutrition*? Are those students referred to the most appropriate school-based or community-based services?

****Examples of health problems affected by nutrition include anemia, diabetes, eating disorders, food allergies, and overweight/obesity?***

3 = Yes, identifies and refers students to the most appropriate services.

2 = Identifies and refers students, but sometimes does not refer them to the most appropriate services.

1 = Identifies students, but does not refer them to appropriate services.

0 = Does not identify students with these problems, or the school does not have a counseling, psychological, or social services provider.

Screen for tobacco use (T.1)

7. Does the school's counseling, psychological, or social services provider identify students who use tobacco and take these actions?

- ✓ Provide self-help materials
- ✓ Provide referrals to tobacco-use cessation programs
- ✓ Provide brief clinical interventions*

*Brief clinical interventions should follow the Public Health Service's Clinical Practice Guidelines (<http://www.surgeongeneral.gov/tobacco/smokesum.htm>) and consist of the following steps:

- ✓ Ask about tobacco use- at every visit identify and document each student's tobacco –use status
- ✓ Advises to quit- in clear language, urge every user to quit
- ✓ Assess willingness to attempt to quit-determine the student's willingness to quit
- ✓ Arrange a follow-up visit- schedule follow-up contact within the first week of the date the student quit

3 = Yes, takes **all three** of these actions for students who use tobacco.

2 = Takes **two** of these actions.

1 = Takes **one** of these actions.

0 = Takes **none** of these actions, or the school does not have counseling, psychological , or social services provider.

Based on (T.1)

8. Does the school's counseling, psychological, or social services provider identify students who use alcohol and/or other drugs and take these actions?

- ✓ Provide self-help materials
- ✓ Provide referrals to treatment programs
- ✓ Provide brief clinical interventions (school staff should work in partnership with a clinician before participating in any clinical interventions) such as motivational interviewing*

** Motivational interviewing is a therapeutic style intended to help clinicians work with clients to address their ambivalence. During the interview the clinician is directive yet client centered, with a clear goal of eliciting self motivational statements and behavioral change from the client.¹¹*

3 = Yes, takes **all three** of these actions for students who use alcohol and other drugs.

2 = Takes **two** of these actions.

1 = Takes **one** of these actions.

0 = Takes **none** of these actions, or the school does not have counseling, psychological, or social services provider.

7-02 National Guidelines

9. Does the school offer onsite mental health or social service supports for students?

These supports may include:

- ✓ School counselor, social worker, or psychologist
- ✓ Staff facilitated student support group
- ✓ Mental health professional invited to campus to meet with students
- ✓ Peer to peer support program

3 = Yes the school has **three or four** of these mental health and social service supports onsite.

2 = The school has **two** of these supports on campus.

1 = The school has **one** of these supports on campus.

0 = The school does not offer onsite mental health or social supports for students.

¹¹ Substance Abuse and Mental Health Services Administration. Treatment Improvement Protocol (TIP) Series: Enhancing Motivation for Change in Substance Abuse Treatment. 2002. Rockville, MD.
Middle/ High School Mental Health Inventory
2008-2009

7-02 National Guidelines

10. Do staff that provide mental health counseling* have advanced degrees in:

- ✓ Psychology
- ✓ Counseling
- ✓ Psychiatry
- ✓ Social Work

3 = Yes.

2 = Not all staff have advanced degrees, but they are supervised by a staff member that has an advanced degree listed above.

1 = Staff that provide counseling do not have the advanced degrees above

0 = Mental health counseling is not available at my school.

*Mental health counseling refers to the provision of counseling services, including diagnosis, treatment and referral, to individuals, groups, couples and families, for the purposes of promoting optimal mental health, dealing with normal problems of living, and treating psychopathology.

Module 6: School Counseling, Psychological, and Social Services

Planning Questions

The Module 6 Planning Questions will help your school use its Mental Health Inventory results to identify and prioritize changes needed to improve policies and programs to address student mental health. The answers on this form should guide your module team's presentation to the entire School Health Advisory Council.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the strengths and weaknesses of your school's policies and environment related to student's mental health?

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (for example, create and maintain a school health advisory council).

Planning Question 3: List each of the actions identified in question 2. Use the five-point scale defined below to rank each action on 5 dimensions (importance, cost, time, commitment, feasibility). Add the ranking points for each action to get total points. Use the total points to help you choose one, two, or three top-priority actions that you will recommend to your School Health Advisory Council for implementation this year.

Importance	How important is the action to promoting mental health or providing mental health services for my school? 5= very important 3= moderately important 1= not important
Cost	How expensive would it be to plan and implement the action? 5= Not expensive 3= moderately expensive 1= very expensive
Time	How much time would it take to implement the action? 5= Short term (1 semester) 3= Medium (1-2 school years) 1= Long term (more than 2 school years)
Commitment	How enthusiastic would the school community be about implementing the action? 5= very enthusiastic 3= moderately enthusiastic 1= not enthusiastic
Feasibility	How difficult would it be to attain the action? 5= not difficult 3= moderately difficult 1= very difficult

Module 6 Action	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top-Priority Action?

Module 7 Health Promotion for Staff Score Card

Instructions

1. Carefully read and discuss the Module 7 Questionnaire which contains questions and scoring descriptions for each item listed on this Score Card.
2. Place a check mark in the box that corresponds to the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module.

Fully in Place 3	Partially in Place 2	Under develop- ment 1	Not in Place 0
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1. Does the school or district offer* staff members screenings** that are accessible, free or low cost, and confidential at least once a year?				
2. Does the school or district offer* stress management programs for staff members that are accessible, free or low cost, and confidential ?				
3. Does the school or district use three or more methods to promote and encourage staff participation* in its health promotion programs?				
4. Does the school or district offer* staff members training on conflict resolution that is accessible, free or low cost, and confidential ?				
5. Does the school or district offer* staff members tobacco use cessation programs** that are accessible and free or low cost, and confidential?				
6. Does the school or district offer or provide a referral to staff members who need substance abuse treatment programs that are accessible, free or low cost, and confidential ?				
7. Does the school or district offer* staff members access to support groups or counseling which is accessible free or low cost, and confidential?				
continued				

Column Totals: For each column, add up the numbers that are circled and enter the sum in this row.				
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**Total Points: Add the four sums Above and enter the total to the right.
 Module Score = (Total points/ 21) x 100**

%

Module 7 Health Promotion for Staff

Discussion Questions

Health screening for staff (CC.1/modified- bold added and mental health added to scale)

1. Does the school or district offer* staff members screenings** that are accessible, free or low-cost, **and confidential** at least once a year?

**Offer means that the school or district has a special arrangement for staff to receive health screening either on-site or through a community program off site. This screening could be part of the employee benefits package, the wellness program, or the employee assistance program.*

**Examples of items that are part of health screenings include

- ✓ Height and weight
- ✓ Blood pressure
- ✓ Cholesterol level
- ✓ Blood sugar level
- ✓ Tobacco use
- ✓ Alcohol and substance use
- ✓ Safety (e.g., seat belts, helmets, smoke alarms, drinking and driving)
- ✓ Mental health

3 = Yes, offers both physical and mental health screenings in an affordable and accessible way.

2 = Offers both physical and mental health screenings but some staff members find them inaccessible or expensive.

1 = Offers accessible and affordable physical health care screenings, but not mental health screening

0 = Does not offer health screenings at least once a year.

Stress management programs for staff (CC.2-modifications in bold)

2. Does the school or district offer* stress management programs for staff members that are accessible, free or low-cost, **and confidential**?

*Offer means that the school or district has a special arrangement to provide stress management programs either on-site or through a community program off site.

3 = Yes.

2 = Offers stress management programs but some staff members find them inaccessible or expensive.

1 = Offers stress management programs but many staff members find them inaccessible or expensive.

0 = Does not offer stress management programs.

Promote staff participation (CC.3)

3. Does the school or district use three or more methods to promote and encourage staff participation* in its health promotion programs?

*Examples of methods to promote and encourage staff participation include

- ✓ Information at orientation for new staff
- ✓ Information included with paycheck
- ✓ Flyers posted on school walls
- ✓ Letters mailed directly to staff
- ✓ Announcements at staff meetings
- ✓ Articles in staff newsletters
- ✓ Incentive/reward programs
- ✓ Public recognition
- ✓ Health insurance discounts
- ✓ Posting to a website
- ✓ E-mail messages

3 = Yes, uses **three or more** of these methods.

2 = Uses **two** of these methods.

1 = Uses **one** of these methods.

0 = Uses **none** of these methods.

Training for staff on conflict resolution (S.1-modifications in bold)

4. Does the school or district offer* staff members training on conflict resolution that is accessible, free or low-cost, **and confidential**?

**Offer means that the school or district has a special arrangement for staff to participate in training programs on conflict resolution either on-site or through a community program off site.*

3 = Yes.

2 = Offers training on conflict resolution, but **some** staff members find it inaccessible or expensive.

1 = Offers training on conflict resolution, but **many** staff members find it inaccessible or expensive.

0 = Does not offer training on conflict resolution.

Programs for staff on tobacco-use cessation (T.1-modifications in bold)

5. Does the school or district offer* staff members tobacco-use cessation programs** that are accessible and free or low-cost, and **confidential**?

**Offer means that the school or district has a special arrangement for staff to participate in tobacco-use cessation programs either on-site or through a community program off site.*

**Cessation programs can include any of the following

- ✓ Group tobacco-use cessation program
- ✓ Brief clinical counseling
- ✓ Self-help educational material
- ✓ Computer-based cessation program
- ✓ Referral to local physician
- ✓ Telephone quit line
- ✓ Pharmacological cessation aid (e.g., nicotine replacement therapy, Zyban)

3 = Yes.

2 = Offers tobacco-use cessation programs, but some staff members find it inaccessible or expensive.

1 = Offers tobacco-use cessation programs, but many staff members find it inaccessible or expensive.

0 = Does not offer tobacco-use cessation programs.

6. Does the school or district offer or provide a referral to staff members who need substance abuse treatment programs that are accessible, free or low-cost, **and confidential**?

**Offer means that the school or district has a special arrangement for staff to participate in substance abuse treatment programs either on-site or through a community program off site.*

3 = Yes free, low-cost and confidential services are readily available for staff members who need substance abuse treatment programs.

2 = When there is a staff need for substance abuse and treatment, appropriate referrals are consistently given but services may be too costly for staff.

1 = When there is a staff need for substance abuse and treatment, appropriate referrals are not provided consistently.

0 = Staff referrals for substance abuse and treatment are not provided to staff.

Mental health services for staff (A.1/ modified for mental health)

7. Does the school or district offer* staff members access to support groups or counseling which is accessible free or low-cost, and confidential?

**Offer means that the school or district has a special arrangement for staff to participate in support groups or counseling either on-site or through a community program off site.*

3 = Yes free, low-cost and confidential services are readily available for staff members who need support groups or counseling.

2 = When there is a staff need for support groups or counseling, appropriate referrals are consistently given but services may be too costly for staff.

1 = When there is a staff need for support groups or counseling, appropriate referrals are not provided consistently.

0 = Staff referrals for support groups or counseling are not provided to staff.

Module 7: Health Promotion for Staff

Planning Questions

The Module 7 Planning Questions will help your school use its *Mental Health Inventory* results to identify and prioritize changes needed to improve policies and programs to address student mental health. The answers on this form should guide your module team's presentation to the entire *School Health Advisory Council*.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the strengths and weaknesses of your school's policies and environment related to student's mental health?

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (for example, create and maintain a school health advisory council).

Planning Question 3: List each of the actions identified in question 2. Use the five-point scale defined below to rank each action on 5 dimensions (importance, cost, time, commitment, feasibility). Add the ranking points for each action to get total points. Use the total points to help you choose one, two, or three top-priority actions that you will recommend to your School Health Advisory Council for implementation this year.

Importance	How important is the action to promoting mental health or providing mental health services for my school? 5= very important 3= moderately important 1= not important
Cost	How expensive would it be to plan and implement the action? 5= Not expensive 3= moderately expensive 1= very expensive
Time	How much time would it take to implement the action? 5= Short term (1 semester) 3= Medium (1-2 school years) 1= Long term (more than 2 school years)
Commitment	How enthusiastic would the school community be about implementing the action? 5= very enthusiastic 3= moderately enthusiastic 1= not enthusiastic
Feasibility	How difficult would it be to attain the action? 5= not difficult 3= moderately difficult 1= very difficult

Module 7 Action	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top-Priority Action?

Module 8 Family and Community Involvement Score Card

Instructions

1. Carefully read and discuss the Module 8 Questionnaire which contains questions and scoring descriptions for each item listed on this Score Card.
2. Place a check mark in the box that corresponds to the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module.

Fully in Place 3	Partially in Place 2	Under develop-ment 1	Not in Place 0
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1. Does the school give families opportunities to learn about health and safety topics listed below through educational materials* sent home and involvement in school-sponsored activities**?				
2. Does the school's parent/ caregiver education program address all of the following effective parenting strategies?				
3. Do parents and other community members help plan and implement* all or nearly all school health and safety programs?				
4. Does the school staff inform students and their families about community-based health and safety programs* that cover the following topics?				
5. Are there open lines of communication between school staff and parents on issues related to . . . ?				
6. Do family and community members receive information and or training in recognizing suicide risk factors*?				
7. Are families and community members given access to mental health education relevant to their child's developmental stage**?				
Continued				

	Fully in Place 3	Partially in Place 2	Under develop-ment 1	Not in Place 0
8. Are families, youth, and communities given researched based information, including causes and social assumptions that may help reduce the stigma around mental health issues?				
Column Totals: For each column, add up the numbers that are circled and enter the sum in this row.				

**Total Points: Add the four sums Above and enter the total to the right.
Module Score = (Total points/ 24) x 100**

%

Module 8 Family and Community Involvement

Discussion Questions

Educate families (CC.1-modifications bolded)

1. Does the school give families opportunities to learn about health and safety topics listed below through educational materials* sent home and involvement in school-sponsored activities**?

- ✓ Promoting physical activity
- ✓ Promoting healthy eating
- ✓ Preventing tobacco use
- ✓ Influence of mass media on child health and safety (e.g. television, film, music)
- ✓ Quitting tobacco use
- ✓ Promoting safety and preventing unintentional injuries***
- ✓ Preventing violence**** and suicide
- ✓ Managing asthma
- ✓ Accessing community health resources (e.g. State Children's Health Insurance Programs (SCHIP), health insurance providers, community health centers)
- ✓ **Mental health stigma reducing information*******
- ✓ **Signs and symptoms of mental problems**
- ✓ **Preventing the use of alcohol and other drugs**
- ✓ **Mental health or addiction treatment options**

**Examples of educational materials include brochures, newsletter articles, public access television, website, introductions to curricula, and homework assignments that involve family participation.*

***Examples of school-sponsored activities include parent/teacher meetings, parent seminars, food tasting, field days, bicycle rodeos, safety towns, family events, health fairs, and walkathons.*

****Unintentional injuries may result from motor-vehicle crashes, drowning, poisonings, fires, falls, sports- and recreation-related events, and unintentional firearm-related events.*

***** Violence is the threatened or actual use of force against oneself, another person, or a group; it includes aggression, bullying, assault, homicide, suicide, child maltreatment, rape, and dating and intimate partner violence.*

******Mental health stigma refers to any of the following components: Labeling someone with a condition; stereotyping people who have that condition; creating a division — a superior "us" group and a devalued "them" group, resulting in loss of status in the community and/or discriminating against someone on the basis of their label.*

3 = Yes, the school provides opportunities on nine or ten topics, including a mental health topic and a substance use topic.

2 = The school provides opportunities on five to eight topics, including a mental health topic and a substance use topic.

1 = The school provides opportunities but the opportunities do not include mental health topics and substance use topics.

0 = No opportunities are offered.

Effective parenting strategies (CC.2)

2. Does the school's parent/ caregiver education program address all of the following effective parenting strategies?

- ✓ Praising and rewarding desirable behavior
- ✓ Staying actively involved with children in fun activities
- ✓ Making time to listen and talk with their children
- ✓ Making a small number of clear, understandable rules designed to increase level of self-management (e.g., routine household chores, homework, time spent using TV and computer)
- ✓ Consistently enforcing family rules with consequences (e.g., an additional chore, restricting TV/computer use for the evening)
- ✓ Monitoring children's daily activities (knowing child's whereabouts and friends)
- ✓ Modeling nonviolent responses to conflict
- ✓ Modeling healthy behaviors (e.g., medication adherence, regular physical activity)

3 = Yes addresses **all** of these topics.

2 =Addresses **most** of these topics

1 = Addresses **some** of these topics.

0 = Addresses **none** of these topics, or there is no parent education program.

Parent and community involvement in programs (CC.3)

3. Do parents and other community members help plan and implement* all or nearly all school health and safety programs?

Examples of ways to **help plan and implement include volunteering to help in the classroom, in the cafeteria, or with special events; serving on school health, curriculum review, or program planning committees; and designing or conducting a needs assessment or program evaluation.*

3 = Yes, both parents and community members help on all or nearly all school health and safety programs.

2 = They help on most of the programs.

1 = They help on some of the programs.

0 = No, they do not help plan or implement school health and safety programs.

Promote community-based programs (CC.4-modifications bolded)

4. Does the school staff inform students and their families about community-based health and safety programs* that cover the following topics?

- ✓ Tobacco-use cessation
- ✓ Physical activity/recreation
- ✓ Healthy eating
- ✓ Preventing unintentional injuries
- ✓ Preventing violence
- ✓ Asthma management
- ✓ **Mental health services**

**Examples of community-based health and safety programs include, but are not limited to, youth sports and recreation programs, community mental health agencies, Women, Infants and Children (WIC); and activities sponsored by organizations such as American Lung Association, Boys & Girls Club of America, American Cancer Society, Students Against Drunk Driving and American Heart Association.*

- 3 = **Yes**, for all **seven** topics.
- 2 = Yes for **four to six** topics.
- 1 = Yes for **one to three** topics.
- 0 = **None** of these topics are covered.

1-02 National Guidelines

5. Are there open lines of communication between school staff and parents on issues related to:

- ✓ Recognition of student accomplishments
- ✓ Awareness of student behavioral and emotional issues and stresses
- ✓ Referrals to community resources (social services and those that address substance abuse, violence, or special needs)

- 3 = Our experience leads us to believe that open communication regularly occurs with a variety of parents on a wide range of topics.
- 2 = This communication occurs between select staff and a small group of parents.
- 1 = Communication occurs but it is limited to topics that are not related to youth behavioral or mental health topics
- 0 = We communicate with parents very infrequently.

7-04 National Guidelines (with additions from Appendix F.)

6. Do family and community members receive information and/or training in recognizing suicide risk factors*?

Risk factors for suicide include but are not limited to:

- ✓ One or a combination of mental disorders (major depression, schizophrenia, alcoholism, substance abuse or dependence, conduct disorders)
- ✓ Mobility impairment
- ✓ Learning disability
- ✓ Attention-deficit/hyperactivity disorder
- ✓ Carrying a weapon
- ✓ Access to firearms
- ✓ Exposure to violence in the community or family
- ✓ Recent loss
- ✓ Sexual identity issues
- ✓ Isolation, rejection, hopelessness
- ✓ Social withdrawal
- ✓ Sudden changes in behavior
- ✓ Victim of bullying
- ✓ Poor academic performance or low school interest
- ✓ Previous suicide attempts or inferred threats (e.g., suicide drawings), or threats with a plan
- ✓ Recent exposure to a suicide (i.e., friend, family member, acquaintance, or classmate)
- ✓ Uncontrolled anger, impulsive and chronic hitting or intimidating, bullying
- ✓ Serious threats of violence
- ✓ Abuse of animals

3 = Families and community members receive information that includes **at least ten** of the risk factors above.

2 = Families and community members receive information that includes **eight to nine** of the risk factors above.

1 = Families and community members receive information that includes four to seven of the risk factors above.

0 = Families and community members receive information on **three or less** of the risk factors above.

7. Are families and community members given access to mental health education relevant to their child's developmental stage *?

This information could include:

- ✓ Stigma reduction
- ✓ Ways of supporting students to have a healthy perspective on their lives
- ✓ Warning signs of a troubled student
- ✓ Suicide Prevention
- ✓ Importance of school climate
- ✓ Supportive listening
- ✓ For elementary- importance of attachment
- ✓ Individuation during early childhood and adolescence

** Mental health needs to be seen in the context of development of school-aged youth. For example, what may be expected as reasonable behavior of a kindergartener may not necessarily be expected as appropriate behavior in a high school-aged student. Behavior that is not developmentally appropriate may be a flag of mental health issues. Additionally, services and educational materials should be age and developmentally appropriate.*

3 = Yes families and community members are given education on at least **six** of the topics above.

2 = Families and community members are given education on at least **four to five** of the topics above.

1 = Families and community members are given education on at least **two to three** of the topics above.

0 = Families and community members are not given education on **one or none** of the topics above.

DHS- Office of Mental Health and Addiction Services

8. Are families, youth, and communities given correct information about the causes of mental problems and the incorrect information that contributes to stigma around mental health issues?

Key points would include that mental health is:

- ✓ Impacted by biological and neurological factors
- ✓ Impacted by the physical and social environment
- ✓ Related to brain health and brain injury
- ✓ Negatively impacted by drug abuse, and conversely individuals with mental problems may take drugs to self-medicate.
- ✓ Affected by disabilities or other health issues
- ✓ Connected to developmental differences

Mental illness is:

- ✓ Not a character flaw
- ✓ Not a parent's fault
- ✓ Not a sign of moral or intellectual failure

- 3 = Yes families receive information about **five or more** of these topics.
- 2 = Families receive information about **three or four** of these topics.
- 1 = Families receive information about **one or two** of these topics.
- 0 = Families do not receive information about mental health stigma these topics.

Module 8: Family and Community Involvement

Planning Questions

The Module 8 Planning Questions will help your school use its *Mental Health Inventory* results to identify and prioritize changes needed to improve policies and programs to address student mental health. The answers on this form should guide your module team's presentation to the entire *School Health Advisory Council*.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the strengths and weaknesses of your school's policies and environment related to student's mental health?

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (for example, create and maintain a school health advisory council).

Planning Question 3: List each of the actions identified in question 2. Use the five-point scale defined below to rank each action on 5 dimensions (importance, cost, time, commitment, feasibility). Add the ranking points for each action to get total points. Use the total points to help you choose one, two, or three top-priority actions that you will recommend to your School Health Advisory Council for implementation this year.

Importance	How important is the action to promoting mental health or providing mental health services for my school? 5= very important 3= moderately important 1= not important
Cost	How expensive would it be to plan and implement the action? 5= Not expensive 3= moderately expensive 1= very expensive
Time	How much time would it take to implement the action? 5= Short term (1 semester) 3= Medium (1-2 school years) 1= Long term (more than 2 school years)
Commitment	How enthusiastic would the school community be about implementing the action? 5= very enthusiastic 3= moderately enthusiastic 1= not enthusiastic
Feasibility	How difficult would it be to attain the action? 5= not difficult 3= moderately difficult 1= very difficult

Module 8 Action	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top-Priority Action?

Oregon School Mental Health Inventory

Planning for Improvement

Note: Complete this section after all modules have been scored and you are ready to take action.

Now that your school has conducted a comprehensive needs assessment by completing all eight modules of the Oregon School Mental Health Inventory (SMHI), it is time to summarize the results, reflect on your school's strengths, identify and discuss areas that need improvement, and plan for making improvements.

This section contains two forms, the Overall Score Card and the School Mental Health Improvement Plan, that will help you make the best use of the information collected by each module team.

The four action steps described in this section can help your school plan improvements and implement recommended changes.

- Step 1 Complete Overall Score Card**
- Step 2 Complete the School Mental Health Improvement Plan**
- Step 3 Implement Recommendations**
- Step 4 Evaluate and Strive for Continuous Improvement**

Step 1: Complete the Overall Score Card

Use the completed module score card to fill in the Overall Score Card. The completed Overall Score Card will help you determine which of the eight areas covered by the SMHI are most in need of improvement. A low score for a module will indicate that the school is not performing well in an area, while a high score will indicate that it is performing well.

Step 2: Complete the Improvement Plan

Bring together the full School Health Index team to review and discuss your school's assessment results and recommendations. During this time:

- Ask each module team to present its self-assessment and the two or three actions it believes should be implemented first.
- Decide on several actions that the school can realistically commit to implementing over the course of the year. Having a relatively small number of recommended actions is important, because pushing for too many changes at once can be overwhelming and reduce your chances for success. Module actions that are not included in the Improvement Plan can be addressed at a later date.

- Create criteria in deciding which actions to implement first. Some very important actions may be too expensive, too labor-intensive, or too complex to address in the short term. Other actions may be less important, but may require fewer resources and may be easier to implement. Use the collective judgment and knowledge of your team members. Together, the team knows the school and can arrive at the best mix of important and achievable recommendations.
- Have the team complete the Improvement Plan form as follows:
 - ✓ **Actions Column:** Write the agreed upon actions in order of priority
 - ✓ **Steps Column:** Write brief descriptions of all the specific steps that need to be taken to implement an action. Examples of action steps include collecting information on the issue, preparing a presentation for staff, scheduling a meeting with the school board, and drafting a new school policy.
 - ✓ **By Whom and When Column:** Write the name of the person who will take the leadership in planning and implementing the action steps, when the work will begin, and the targeted completion date.
 - ✓ **Evidence of Success Column:** Identify and write program milestones that demonstrate successful implementation for each action step. Examples of evidence of success include agendas from meetings, photographs from an event, a drafted policy change, proof of decreased office referrals, etc.
- Decide who will prepare a concise report that summarizes the Improvement Plan, as well as recommended actions from all the modules. This report can be presented to school administrators, school site councils, and be recommended for inclusion in the overall School Improvement Plan.
- Discuss how the team will monitor implementation of the Improvement Plan.

Step 3: Implement Recommendations

When your Improvement Plan has been approved, implement the recommended action steps and monitor progress.

Some actions can be handled quickly and easily, whereas others may require gathering information, adopting a new school policy, raising funds, or a group effort. Here are some general principles for project management:

- **Workgroups:** Form implementation workgroups so that the burden of implementation doesn't fall on a single individual.

- **Short-term and Long-term goals:** Most positive changes will take some time to put in place. Having a mix of short-term and long-term goals creates some early accomplishments that keeps the team motivated and generates an environment of success.
- **Timeline:** Create a timeline of activities, and set monthly or quarterly implementation milestones.
- **Technical Assistance and Support:** Research and access resources from local, state, and national organizations that might be able to assist with your implementation efforts.
- **Monitor progress:** Ongoing monitoring of activities and strategies is essential for effective and successful implementation. Identify barriers to implementation early and brainstorm solutions. Celebrate successes along the way.
- **Reporting progress:** Establish a communication system for reporting progress with all stakeholders.
- **Recognition:** Recognize your school and community partners. Write letters of appreciation and publicize their contributions to your program.
- **Money:** If your school needs money but it's not available, don't be shy about visiting local businesses for support. Write a short proposal that uses data, and describes the purpose of your school's efforts.

Step 4: Evaluate and Strive for Continuous Improvement

Conduct the Mental Health Inventory yearly or every other year. Use your initial SMHI assessment results as a baseline to measure and recognize the progress and accomplishments of the previous school year(s). Regular assessment will ensure that addressing students' mental health needs remains a high priority in your school. Annually report the progress and successes of your school's program to your school principal, staff, community, superintendent, and school board.

**Oregon School Mental Health Inventory
Overall Score Card**

Module	For each module (row), write and X in the one column where the module score falls.*				
	Low 0-20%	21%- 40%	Medium 41%-60	61%-80%	81%-100%
School Health Policies and Environment- Module 1					
Health Education- Module 2					
Physical Education and Other Physical Activity Programs- Module 3					
Nutrition Services – Module 4					
School Health Services – Module 5					
School Counseling, Psychological , and Social Services – Module 6					
Health Promotion for Staff – Module 7					
Family and Community Involvement – Module 8					

***Some schools like to write the module scores in each box.**

Oregon School Mental Health Inventory

School Health Improvement Plan

Instructions

1. *In the first column: list, in priority order, the actions that your school team has agreed to implement.*
2. *In the second column, list the specific steps that need to be taken to implement each action.*
3. *In the third column, list the people who will be responsible for each step, when the work will begin, and when it will finish.*
4. *In the fourth column, list the evidence of successful implementation for each action.*

School Mental Health Goal:

Actions	Steps	By Whom and When	Evidence of Success
	a.		
	b.		
	c.		
	d.		

Actions	Steps	By Whom and When	Evidence of Success
2.	a.		2.
	b.		
	c.		
	d.		
	e.		
3.	a.		3.
	b.		
	c.		
	d.		
	e.		

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