School Parent Empowerment Project:
Improving Children’s Mental Health Through Parent, School, and Community Empowerment


**ABSTRACT**

This poster describes the challenges and lessons learned in an ongoing NIMH-funded study conducted by the New York State Office of Mental Health to understand the ways in which children access mental health (MH) services through public schools. This study employed existing community-clinical based measures and a parent empowerment intervention called PEP, a pilot project for understanding and improving school MH capacity issues encountered in transporting community-clinical based measures and intervention to the school context. This poster presents the need for paying attention to unique school variables. Preliminary data are presented.

**OBJECTIVES**

1. Adapt and pilot a set of measures to assess the landscape of school MH services.
2. Adapt and pilot a theory-driven engagement and empowerment intervention for improving school capacity (via training parent coordinators (PCs)) to address school MH.

**INTRODUCTION**

- 75-80% of children with MH needs do not receive services (Kataoka et al., 2010).
- Population-based epidemiological studies indicate that 70-80% of children who receive any MH services receive them in school (Brown et al., 1995; Foster et al., 2005).
- Children with MH needs identified in school are more likely to enter and receive services when services are offered in school (Coltin et al., 1994).
- National studies document wide variations in the availability of MH services in schools (CDC, 2000; Brener et al., 2001; Slade, 2003; Foster et al., 2005).
- Engagement in MH services is tied to improvements in school environments (McKay et al., 2004).

**METHODOLOGIES**

**Aim 1:** Surveying the landscape of school mental health services

A collaborative advisory process was followed to refine and adapt two existing surveys, the MacArthur Network for MH-Self Care Survey and the School Questionnaires (Foster et al., 2005). The resulting survey, called the School Systems Survey (SSS), contains three survey instruments, to evaluate the structure and governance of school contexts (micro-organizational level) and individual school characteristics and attitudes about school MH services (micro-individual behavior level).

**Aim 2a:** Adapt a community-based PEP for school-based staff

The original PEP was based on a theory-driven empowerment and engagement intervention, targeted at community-clinical based parent advocates. A collaborative advisory process with school district staff was developed to modify the training to fit the school context and needs.

**Aim 2b:** Pilot test the feasibility of implementing the intervention

For a parent coordinator to be recruited in two cohorts to receive either the School PEP Training or Training As Usual, based on a randomized design. Two types of feasibility outcomes assessed:

(a) School PEP Training outcomes for parent coordinators; and
(b) Outcomes for a random sample of three to five families per parent coordinator.

**RESULTS**

Aim 1: Identifying the landscape of school mental health services

- **Parent Coordinator Characteristics:**
  - 85.7% (6) of parent coordinators worked for school districts
  - 28.6% (2) worked for local volunteer agencies or non-profits
  - 71.4% (5) were married, with 66.7% (6) children
  - 57.1% (5) had a college degree
  - 33.3% (3) had a master’s degree
  - 22.2% (2) had a bachelor’s degree
  - 11.1% (1) had a Ph.D.

Aim 2: Adapting the School PEP for school districts

- **School PEP Outcomes:**
  - 100% (7) of parent coordinators attended the first training session
  - 100% (7) of parent coordinators attended the second training session
  - 100% (7) of parent coordinators attended the final training session

**PRELIMINARY FINDINGS**

Lessons learned in transporting community-clinical-based PEP

Adapting Cliff Based Survey and PEP Manual for School

School System Survey

- Adaptation of community-clinical-based measure emphasized differences in the organization, financial structure, and delivery of MH services.

**Challenges Specific to School Setting and Mission**

- Long-standing parent mistrust of special education system
- Limited availability of resources in school

**Role of School-Based PC vs. Community-Based Parent Advocate**

- Convoying advocates: PC vs. PEP training adapted to help empower parents, while respecting PC face-to-face content.

**Language Issues:**

- Terminology clarification to establish common ground is critical
- Negative connotation of term ‘advocate’ (used in Canadian context)

**Ethnicity:**

- Limited availability of resources in school

**CONCLUSION**

Challenges in adaptation of PEP for school

- Adapting PEP to a school context of a school's mission and school characteristics
- Challenges in developing fidelity measures to ensure training to core PEP principles and outcomes

**REFERENCES**


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School Parent Empowerment Project (PEP):
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The purpose of School PEP is to understand the ways in which children access mental health services through public schools. In our poster, we have presented preliminary data in which the New York City Special Education School District (District 75) served as a pilot site. This study employed existing community and clinic-based measures and a parent empowerment intervention (PEP) as a starting point for understanding and improving school mental health capacity. School-based parent workers, known as Parent Coordinators (PC), were trained on parent engagement skills, knowledge of key mental health and school services information, and methods for applying what they have learned with parents. The goal is to empower parents to obtain the appropriate mental health resources and services for their children. This study found that transporting and adapting PEP for the school context requires time and flexibility to meet needs of school context and organization.

For more information on this study, please contact Serene Olin, Ph.D., School PEP Project Director, or Maura Crowe, M.A., School PEP Project Coordinator, at:

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