# Mental Health in Education

Mental health encompasses emotional, social, cognitive, and behavioral functioning. It exists within a continuum of care that includes all domains of health and well-being, physical and emotional safety, security, social connection, identity, diversity and purpose.

Mental health and overall health are cornerstones of education, essential for creating the conditions for students to learn, teachers to teach, and individuals to thrive.

# Integrated Model of Mental Health (IMMH)

ODE's Integrated Model of Mental Health helps to guide the agency's work of health promotion and illness prevention, and provides a framework for supporting Oregon students, families, and school staff.

Building upon the philosophy and values of health promotion and illness prevention, the model centers mental health and well-being at the intersection of four equally important and overlapping pillars of practice so that all health and mental health promotion, prevention, and intervention efforts:

- Are strengths-based,
- Are trauma-informed,
- Incorporate principles of social-emotional learning, and
- Are equity-centered.

## Strengths-based

Strengths-based approaches acknowledge and recognize individual and collective strengths, resilience, values, and self-determination, and value people's ways of knowing and being. Unlike deficit-based strategies that focus on mental illness, diagnoses, or "fixing" what is not working, strengths-based approaches view people and their behaviors in the context of their environments, and celebrate the unique qualities that each person, family, and community bring to school life.

This strengths-based approach recognizes that mental health is dynamic and fluid, and that individuals are capable of healing and transformation, sometimes with little or no assistance.

## Trauma-informed (Healing-centered)

Strengths-based approaches to health promotion and illness prevention are closely aligned with trauma-informed, healing-centered principles and practices.

The National Institute of Mental Health defines a traumatic event as a "shocking, scary, or dangerous experience that can affect someone emotionally or physically, such as a natural disaster, act of violence, or severe accident."

Traumatic stress refers to an emotional or physical response to a traumatic event.

It is very important to recognize that traumatic events affect people differently depending on factors such as income, race, age, gender identity, and culture. Research also shows that we can lessen the effects of traumatic events and traumatic stress by creating safe, supportive school environments, cultures, climates, and spaces.

## Social-emotional learning (SEL)

Social-emotional learning (SEL) refers to abilities such as self-, other-, and community awareness, healthy relationship-building and decision-making, and recognizing and regulating physiological and emotional states that interfere with health, happiness and relationship-building.

SEL principles and practices offer the opportunity to examine if school cultures, climates, communities, and spaces are strengths-based, trauma-informed, and equity-centered.

They allow us to reflect on how we understand and relate to ourselves and others and how our thoughts, feelings, and behaviors challenge our ability to create relationships, spaces, and systems that are strengths-based, trauma-informed, and equity-centered.

SEL principles and practices also illuminate how individual and community systems and power structures can lead to harmful outcomes such as discrimination, exclusion, inequitable access to opportunities, microaggressions, bullying, or practices that single out groups of students in ways that are harmful.

## Equity-centered

Grounding mental health/health promotion and illness prevention in equity allows us to create systems and policies that serve all community members in ways that are simultaneously strengths-based, trauma- and SEL-informed, and equity-centered.

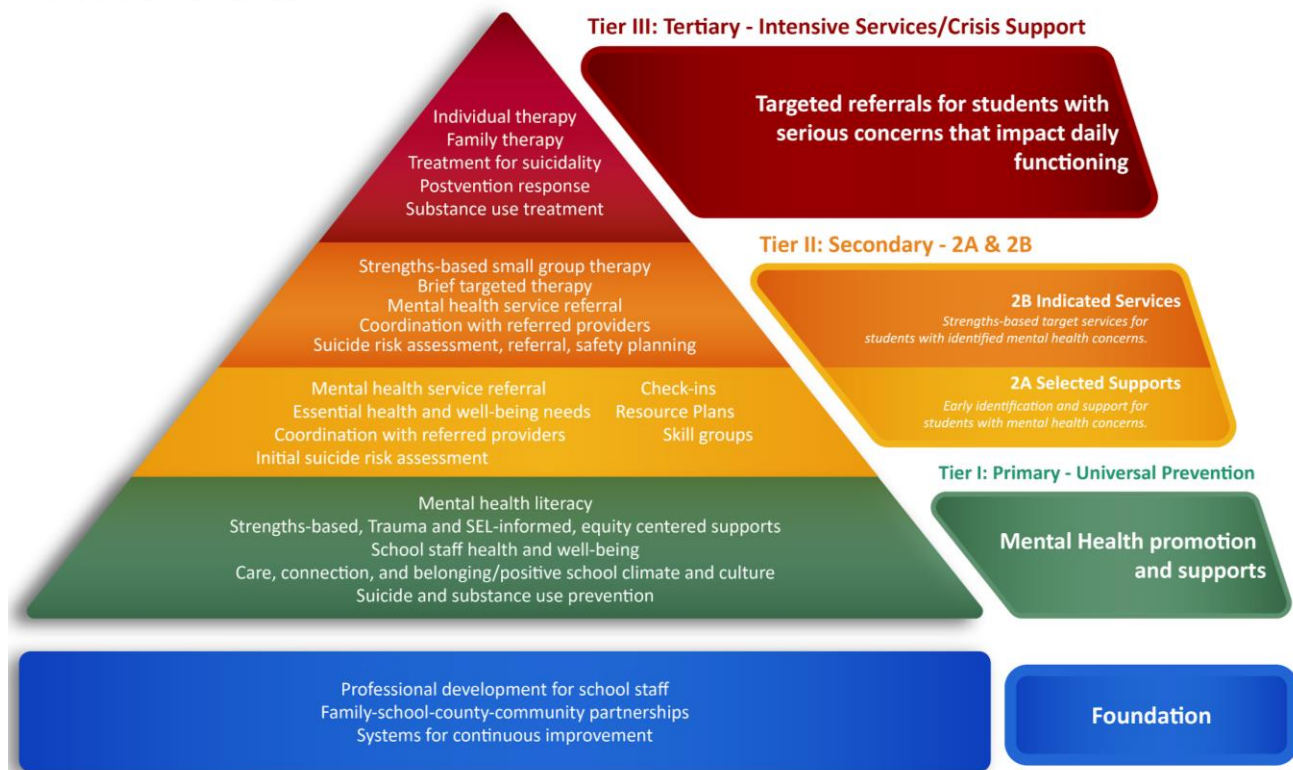This equity stance asks us to examine the systemic and structural barriers that interfere with creating safe, inclusive, welcoming environments, or prohibit us from recognizing and valuing individual and collective strengths, identities, and ways of being and knowing.

Targeted universalism is one strategy for promoting health equity. Within a targeted universalism framework, a system sets universal goals for all its members.

The strategies the system develops to achieve these goals are designed to be uniquely responsive to people within the system based on how these individuals, or groups or individuals are situated within structures, culture, and across geographies to achieve a universal goal.

## Multi-Tiered Systems of Support (MTSS)



**Multi-Tiered Systems of Support (MTSS) in Education**

**Tier III: Tertiary - Intensive Services/Crisis Support**

Individual therapy
Family therapy
Treatment for suicidality
Postvention response
Substance use treatment

**Targeted referrals for students with serious concerns that impact daily functioning**

**Tier II: Secondary - 2A & 2B**

Strengths-based small group therapy
Brief targeted therapy
Mental health service referral
Coordination with referred providers
Suicide risk assessment, referral, safety planning

**2B Indicated Services**
*Strengths-based target services for students with identified mental health concerns.*

Mental health service referral          Check-ins
Essential health and well-being needs   Resource Plans
Coordination with referred providers    Skill groups
Initial suicide risk assessment

**2A Selected Supports**
*Early identification and support for students with mental health concerns.*

**Tier I: Primary - Universal Prevention**

Mental health literacy
Strengths-based, Trauma and SEL-informed, equity centered supports
School staff health and well-being
Care, connection, and belonging/positive school climate and culture
Suicide and substance use prevention

**Mental Health promotion and supports**

Professional development for school staff
Family-school-county-community partnerships
Systems for continuous improvement

**Foundation**

The Multi-Tiered Systems of Support (MTSS) is a framework for organizing mental health systems. It is divided into 3 primary service delivery tiers that rest on a foundation of professional development, family-school-county-community partnerships, and strategies for continuous quality improvement.

The MTSS framework is designed to ensure consistency of structure, while simultaneously offering flexibility regarding the components of each of its 3 tiers. The system, and its tiers are used for systems level design. They are not intended to be used at an individual level, and do not represent a diagnostic category or designation for a student. Rather, they refer to the level of services within a system that a student requires.

Schools and school districts fulfill an essential role in promoting and supporting the mental health and well-being of their diverse communities. The mental health and health systems and resources they offer to students, families, and staff depend on their constituents' unique needs.

The 3 tiers include:

**Tier 1 Primary Prevention:** Universal strategies for promoting mental health and providing health and mental health supports that are available to all within a community. Examples include mental health literacy; strengths-based, trauma- and SEL-informed, equity-centered supports; school staff health and well-being; care, connection, and belonging/positive school climate and culture; and suicide and substance use prevention.

**Tier 2a Secondary Prevention:** Selected supports to promote mental health and well-being, and connect individuals to group supports or referrals to higher tier providers. Tier 2A focuses on early identification and support for students with mental health concerns. Examples include mental health service referral; essential health and well-being needs; coordination with referred providers; initial suicide risk assessment; check-ins; resource plans; and skill groups.

**Tier 2b Secondary Prevention:** Indicated services for those with identified needs that exceed 2a supports. Includes formal assessment, referral, and targeted interventions. Tier 2B (Indicated Services) focuses on strengths-based target services for students with identified mental health concerns. Examples include strengths-based small group therapy; brief targeted therapy; mental health service referral; coordination with referred providers; and suicide risk assessment, referral, and safety planning.

**Tier 3 Tertiary Intensive Services and Crisis Support:** Targeted referrals and services for those with more serious or critical mental health and health concerns who require intensive services and follow up. This tier focuses on targeted referrals for students with serious concerns that impact daily functioning. Examples include individual therapy; family therapy; treatment for suicidality; postvention response; and substance use treatment.

In education, an MTSS framework delineates the primary responsibility of education systems and their community partners. In general, schools and districts bear the primary responsibility for delivering foundational supports, and Tiers 1 and 2a. Community partners including community-based mental health agencies, county behavioral health services, community care organizations and other credentialed mental health providers hold primary responsibility for delivering mental health and health services for Tiers 2b and 3.