This report discusses the outcomes of a study that reviewed activities to ensure quality of care for adolescents receiving mental health services in the School Mental Health Program (SMHP), based in the Department of Psychiatry at the University of Maryland School of Medicine. For this program a team of clinicians, as well as trainees in each area, provide services in Baltimore City public schools. Services provided include individual, group, and family therapies; case management; collaboration, such as developing wraparound service plans; and primary, secondary and tertiary prevention activities, which include conducting mental health educational activities in school. Quality improvement activities for the SMHP were conducted in three phases: a structural appraisal, an evaluation of the treatment process, and an examination of treatment outcomes. Results indicate: (1) stakeholders were satisfied with services, however, all groups recognized a supply and demand problem; (2) students were commonly coping with bereavement and loss issues and needed to learn skills to manage anger, improve self-esteem, or to improve their coping skills in the classroom or in peer relationships; and (3) students were highly satisfied with the mental health services they received and valued the therapeutic relationship and skills they learned during therapy. (Contains 16 references.) (CR)
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Introduction

In the last decade several changes have redefined service provision for children and families. One paradigm shift has involved changes in service delivery. It has become standard practice to deliver comprehensive mental health services in community-based programs, such as schools (Eber & Nelson, 1997; Rosenblatt, & Attkisson, 1992, 1993). Another issue centers on the increasing need for mental health services for youth in an era of cutbacks and increasing demands for accountability (Hoagwood, Jensen, Petti, & Burns, 1996). Thus, it has become increasingly important to record indices of accountability demonstrating quality care for youth receiving mental health services.

In this presentation, activities to ensure quality of care for adolescents receiving mental health services in the School Mental Health Program (SMHP) were reviewed. The SMHP is based in the Department of Psychiatry at the University of Maryland School of Medicine. For this program a team of clinicians, including licensed psychologists and social workers, as well as trainees in each area, provide services in Baltimore City public schools. A broad range of services is provided to youth, including: 1) individual, group, and family therapies; 2) case management; 3) collaboration, such as developing wraparound service plans, and; 4) primary, secondary, and tertiary prevention activities, which include conducting mental health education activities in schools (Weist, 1997).

Importance of Quality Improvement Activities

Recognizing the importance of quality improvement (QI) activities, the Center for School Mental Health Assistance (CSMHA), one of two national technical assistance centers to advance school mental health, convened a meeting of leaders in school mental health programs and quality assurance. Participants in this meeting identified key aspects of quality in school mental health programs. These key aspects are intended to:

1. Provide comprehensive direct clinical assessment and treatment services for underserved youth, (2) emphasize preventive programs that provide early identification and treatment for youth in need, (3) ensure that mental health programs have a strength or competency focus, versus an exclusive focus on reducing psychopathology, and (4) seek to maximize the impact of mental health services by improvement in collaborative efforts aimed at improving the global school environment. (CSMHA, 1996, p. 4)

Quality improvement activities for these programs should include development of a mission statement and program standards, conducting activities to assess program structure (e.g., developing staff training activities and orientation programs), developing a resource library, documenting structural variables (e.g., clinician experience), documenting...
therapy process (e.g., supervision of trainees, record
techniques and activities used in therapy sessions),
and examining treatment outcome (e.g., using
satisfaction surveys, behavioral checklists, inter-
views; Nabors, Weist, Tashman, & Myers, 1999).

**Methods and Results**

**QI Activities in a School-Based Mental Health Program**

Quality improvement activities for the SMHP
were conducted in three phases, beginning with:
1) a structural appraisal (e.g., conducting a needs
assessment), followed by; 2) an evaluation of the
treatment process (e.g., implementation of a peer
review team), and then moving to; 3) an examination
of treatment outcomes (Donabedian, 1980).

**Structural Appraisal.** The needs assessment was
conducted with stakeholder focus groups of students,
parents, clinicians, teachers, health center staff, and
school administrators. Stakeholders were satisfied
with services. However, all groups recognized a
“supply and demand problem” related to the
shortage of clinicians and the overwhelming number
of students who could benefit from participating in
therapy. Areas for improving the program centered
on increasing education efforts for children and
families so they had a better understanding of mental
health problems, increasing funding to hire more
clinicians, and increasing family involvement in
treatment (Nabors, Tashman, & Jackson, 1998;
Nabors, Tashman, Myers, & Weist, 1998).

**Treatment Process Evaluation.** The SMHP
process of care was assessed through recording the
activities of a Peer Review Team (PRT; Nabors, Lee,
Tashman, Acosta, & Weist, 1999). The goals of the
PRT were to evaluate therapy quality and to
improve therapeutic process by suggesting
interventions to enhance protective factors operating
in the student’s life, or by providing ideas for
wraparound services. Qualitative analyses of
transcripts of PRT meetings with clinicians were
used to determine relevant themes. Results indicated
that students were commonly coping with bereave-
ment and loss issues, needed to learn skills to
manage anger, improve self-esteem, or to improve
their coping skills in the classroom or in relation-
ships with peers or family. Reviewers addressed
these issues and provided recommendations about
techniques to improve students’ abilities to cope
with traumatic experiences. During follow-up
interviews, clinicians expressed appreciation for
recommendations made by reviewers, especially
those related to enhancing protective factors and
improving case management services.

**Outcomes Evaluation.** Program outcomes are
assessed in several ways. For instance, program
funders require information about the number of
students seen in individual, group, and family
sessions for each clinician over the course of the
school year. Information on grades, attendance, and
disciplinary encounters are recorded for students
who have participated in what is considered an
adequate “therapy dose,” i.e., attending four or
more sessions.

The eight-item version of the Client Satisfaction
Questionnaire (CSQ: Larsen, Attkisson, Hargreaves,
& Nguyen, 1979) was used to examine student
satisfaction with their “mental health counseling.”
Results indicated that students were highly satisfied
with the mental health services they received.
Students valued the therapeutic relationship,
“catharsis” associated with therapy, and skills they
learned during therapy. Several factors influenced
satisfaction ratings, including clinician training as
well as student grades. Specifically, results of a
regression analysis indicated that students were
more satisfied with services provided by more
experienced clinicians. Older students (juniors and
seniors) were more satisfied with their therapy than
underclassman. There was a trend for students with
lower grades to feel less satisfied with mental health
services than those with higher grades (Nabors,
Reynolds, & Weist, 1999). Assessing adolescent
satisfaction was useful in our program evaluation
efforts. More research in this area is necessary. In
future studies, researchers should continue
examining children’s satisfaction with their mental
health services as a routinely executed quality
improvement activity.

**Future Program Evaluations**

Funding provided by the Agency for Health Care
Policy and Research (AHCPR) has enabled the
SMHP to begin assessing other types of outcomes
that may be more relevant for measuring change
related to therapy participation. This stage of the
program evaluation will be developed over the next
two years. Key measures in evaluation efforts
include the development of a tracking form (filled
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out by clinicians), to assess “therapy dose” (e.g., number of sessions; session type—individual, group, family, crisis—and session length), and measurement of student behavioral and emotional functioning from student, parent, teacher, and clinician perspectives.

Parent and student reports of student functioning will be assessed, using the Child Behavior Checklist (CBCL: Achenbach, 1991a) and Youth Self-Report Scale (YSR: Achenbach, 1991b). Clinician views of student functioning will be examined using the Child and Adolescent Functional Assessment Scale (CAFAS: Hodges, 1995) and the tracking form. Teachers will complete a brief measure of student behavioral progress. Students also will fill out measures assessing perceptions of their clinician’s relationship skills and their satisfaction with services. Data on functional indicators such as grades and attendance will be collected and compared to ratings of student behavioral and emotional functioning.

Conclusion
Significance of QI Programs

Quality improvement activities for the SMHP have provided important accountability data. Results are disseminated to clinicians through newsletters. This contributes to clinical training efforts and helps to shape program evaluation activities. When QI activities are tied to training and evaluation efforts (e.g., to gather accountability data) there is a greater chance they will be incorporated into practice and become part of the way an organization functions. The QI activities reviewed can be incorporated into day-to-day operations for school mental health programs. Results from these activities can provide information for clinicians to improve quality of treatment and enhance the cost-effectiveness of treatment. Quality treatment can reduce referrals for psychiatric hospitalization or to the juvenile justice system, document the effectiveness of short-term therapy, and may increase the number of children graduating from school and entering the work force.

References


Nabors, L., Reynolds, M. W., & Weist, M. D. (June, 1999). Quality improvement activities in an expanded school mental health program. Fifth annual meeting of the National Assembly on School-Based Health Care. Washington, DC.


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