

Building a Comprehensive School Mental Health System Using a Trauma Sensitive Lens



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Acknowledgements

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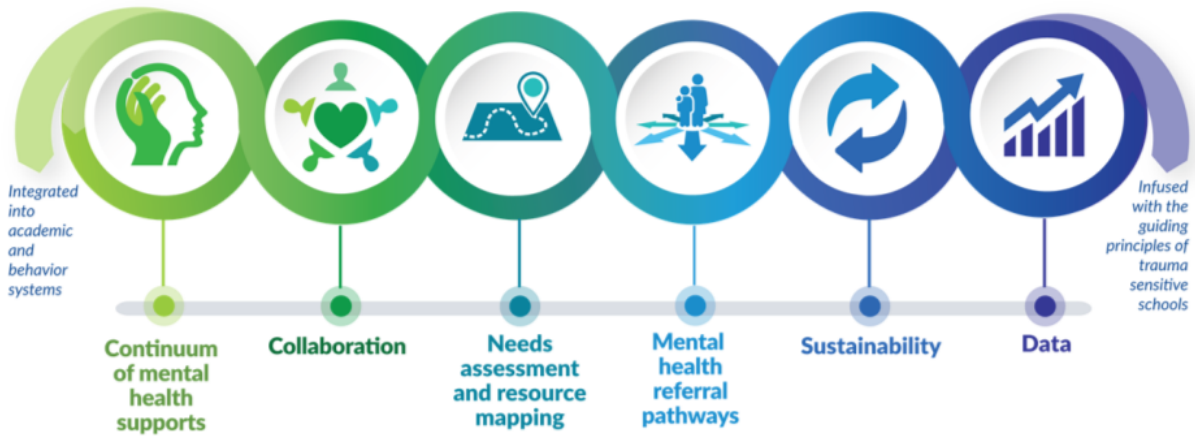
Introduction

This guide serves as a resource for schools who are working to implement or improve their *comprehensive school mental health system* (CSMHS) using a trauma sensitive lens. A CSMHS is an *equitable multi-level system of support* (EMLSS) which provides an array of mental health promotion, early intervention, and treatment services. The *Wisconsin School Mental Health Framework* consists of six components: continuum of mental health supports, collaboration, needs assessment and resource mapping, mental health referral pathways, sustainability, and data. These six components are integrated into academic and behavior systems as well as infused with the guiding principles of *trauma sensitive schools* (TSS). Please see [The Wisconsin School Mental Health Framework](#) for a more comprehensive description of CSMHS.

Whereas a CSMHS is an EMLSS focused on student mental health and wellness, trauma sensitive practices are a lens through which CSMHS and other EMLSS systems can be viewed. “Schools and districts should approach the work of building and sustaining a CSMHS with a trauma sensitive lens. A trauma sensitive lens infuses the guiding principles of safety, trustworthiness, choice, collaboration, empowerment, and cultural responsiveness into all aspects of the school. In a school implementing a CSMHS with a trauma sensitive lens, staff understand the prevalence and impact of trauma, work to form positive relationships with students and families, and engage students and families as experts in their own experience and agents of their own healing. Trauma’s impact on learning and development is addressed with regulatory and resilience-building practices integrated into instruction, services, and support for students and staff. When concerns arise, schools examine these concerns first by looking at how the system may be contributing to the issue, rather than pathologizing individual behavior. School staff routinely examine how policies, practices, and interpersonal interactions uphold the guiding principles of trauma sensitivity and change those that may be contributing to harm, traumatization, and re-traumatization” (DPI 2021). Please see DPI’s [TSS Online Professional Development System](#) for more information about TSS.

This guide provides a “crosswalk” of the six components of a CSMHS with the six guiding principles of TSS. While this document does not include a comprehensive list of every trauma sensitive best practice or strategy, school and district mental health teams can use these specific, actionable recommendations to build and strengthen their CSMHS using a trauma sensitive lens in order to create a system in which staff, students, and families feel a sense of safety, empowerment, and belonging.

Wisconsin's Comprehensive School Mental Health Framework



Trauma Sensitive Schools Guiding Principles



Wisconsin's Comprehensive School Mental Health Framework Components

Continuum of Mental Health Supports

The continuum of supports provides an array of mental health promotion, early intervention, and treatment services. This continuum of system-wide proactive and responsive supports is built to match students' mental health, behavioral, social, and emotional strengths and needs as they shift over time.

Collaboration

Comprehensive school mental health systems rely on collaboration and teaming across key stakeholders, such as school and district staff, community partners, out-of-school time providers, students, and families. The work of supporting student mental health and wellbeing cannot rest on the shoulders of schools alone.

Needs Assessment and Resource Mapping

Needs assessments gauge the overall strengths and needs of the student body, staff, families, and community being served. Resource mapping is an "active, ongoing process to identify, visually represent, and share information about internal and external supports and services" (NCSMH 2020).

Mental Health Referral Pathways

Mental health referral pathways include formal policies and procedures that ensure that students with emerging and established mental health challenges are identified, referred, assessed, and connected to appropriate resources, both in the school and the community.

Sustainability

Many factors contribute to CSMHS sustainability, such as funding, retention of well-trained staff, educator wellness, stakeholder support and buy-in, system data tracking, adopting school mental health policies and procedures, and integration with existing equitable multi-level systems of support (EMLSS) features.

Data

CSMHS are driven by the strategic use of data on the implementation and impact of services and supports. Both quantitative and qualitative data should be collected and reviewed by teams in an ongoing manner to inform priorities and action steps to continuously improve the CSMHS (DPI 2021).

Trauma Sensitive Schools Guiding Principles

Safety

Physical, emotional, and psychological safety are enhanced through predictable routines, caring relationships, opportunities for regulation, and positive school climates free from violence. Universal programming and a focus on social connectedness increase real and perceived safety between students, staff, and caregivers.

Trustworthiness

Students, staff, and caregivers perceive the school system and individuals within it as honest, truthful, and reliable. Schools foster trustworthiness when individuals are treated with respect, appropriate boundaries are maintained, practices and procedures are clear and consistent, and cultural identities of groups and individuals are considered assets.

Cultural Responsiveness

School leaders seek to understand the unique values, beliefs, and behaviors of the school community and apply that understanding to implement practices that adapt to the broad diversity of race, language, and culture. The school community recognizes the history of systemic oppression in education and works to prevent and redress these harms.

Empowerment

School leaders provide space and opportunities for students and staff to recognize their own greatness by building resilience, providing opportunities to build mastery, and fostering a growth mindset. The school community uses person-first language and recognizes students, caregivers, and staff as strong and capable.

Collaboration

Staff, students, and caregivers have authentic opportunities to collaborate and co-create programs, practices, policies, and procedures of the school and district. They listen to what families say about their children's interests and challenges and talk with students about how they want to be supported.

Choice

Schools maximize student experiences of choice and control while maintaining high expectations and trust students and families as experts in their own situations. Staff engage students in problem-solving to promote power sharing and agency. Individual student planning is family-driven and youth-guided (DPI 2021) (Saint A, Trauma Sensitive LLC, and DPI 2018).

Continuum of Supports

<p style="text-align: center;">Safety</p> <ul style="list-style-type: none"> ● Ensure that students and caregivers are given the opportunity to provide informed consent for services and supports. ● Discuss and honor confidentiality as students access services and supports. ● Provide safety planning, crisis, and reentry supports as part of the continuum of supports. 	<p style="text-align: center;">Trustworthiness</p> <ul style="list-style-type: none"> ● Prioritize building trusting relationships with staff, students, caregivers, and community partners. ● Use restorative, trauma sensitive de-escalation and disciplinary practices (e.g., restorative circles, community conferencing, non-violent crisis intervention). ● Ensure that students know their school mental health professionals, what services they provide, and how to access supports at each level (mental health promotion, early intervention, treatment, and crisis support).
<p style="text-align: center;">Cultural Responsiveness</p> <ul style="list-style-type: none"> ● Ensure programs, curriculums, and assessment tools are normed for the populations with which they are being used and are culturally and linguistically appropriate. ● Consider barriers to mental health access for marginalized populations and work collaboratively with families and community partners to address these barriers. ● Ensure that social emotional learning is approached with an equity lens and recognizes systems of oppression (see CASEL's SEL and Equity Guide). 	<p style="text-align: center;">Empowerment</p> <ul style="list-style-type: none"> ● Empower and engage students to voice their needs and concerns, especially related to how specific interventions are working or may work for them. ● Provide opportunities for students to learn about and practice resiliency and regulatory practices. ● Focus efforts on strong universal supports, in order to build social emotional competencies and mental health literacy among all students and staff.
<p style="text-align: center;">Collaboration</p> <ul style="list-style-type: none"> ● Form community partnerships to enhance services and supports (e.g., co-facilitated small groups, school-based mental health services). ● Engage in open communication and collaborative problem solving with staff, students, caregivers, and community partners before and while implementing programs or initiatives. 	<p style="text-align: center;">Choice</p> <ul style="list-style-type: none"> ● Provide a variety of services and supports at each level of the continuum of supports. ● Make information about school and community supports and services accessible to students and caregivers in a variety of ways (e.g., posters, newsletters, website).

Collaboration

<p style="text-align: center;">Safety</p> <ul style="list-style-type: none"> ● Foster social connectedness and caring relationships between staff, students, caregivers, and community partners (see the National Center for Safe Supportive Learning Environments' Family-School-Community Partnerships Resources). ● Develop clear and equitable norms for school mental health teams. ● Create spaces in which team members feel comfortable embracing authenticity and vulnerability. 	<p style="text-align: center;">Trustworthiness</p> <ul style="list-style-type: none"> ● Create structure and predictability of team processes by tracking meeting attendance, creating and using an agenda, focusing on making actionable decisions, following up on the status of action items, and defining member roles and responsibilities. ● Be clear and transparent with stakeholders about what may not be able to change. ● Provide training for staff related to ethics and boundaries.
<p style="text-align: center;">Cultural Responsiveness</p> <ul style="list-style-type: none"> ● Include people of diverse identities and roles on school mental health teams and as community partners. ● Engage in equitable communication practices that center inclusion, cultural humility, and sustainable change. ● Consider using DPI's Culturally Responsive Problem Solving Guide to learn how to interrupt bias in team processes. 	<p style="text-align: center;">Empowerment</p> <ul style="list-style-type: none"> ● Recognize the importance of student-led goal setting and problem solving. ● Partner with parent peer specialists and those with lived experience to provide support and assistance to others. ● Honor staff expertise and provide staff leadership opportunities.
<p style="text-align: center;">Collaboration</p> <ul style="list-style-type: none"> ● Recognize students and caregivers as knowledgeable partners and provide opportunities for authentic collaboration and participation on leadership teams. ● Embrace the mindset that <i>mental health is a team sport</i>, that schools cannot do the work of mental health alone, and that all staff must support student wellness in a role-appropriate way. 	<p style="text-align: center;">Choice</p> <ul style="list-style-type: none"> ● Allow school mental health team members choice and flexibility about their participation and role on the team. ● Honor dialogue and differing perspectives when making decisions as a school mental health team. ● Provide various opportunities for meaningful school engagement for families while honoring caregiver experience and expertise.

Mental Health Referral Pathways

<p style="text-align: center;">Safety</p> <ul style="list-style-type: none"> ● Provide a warm hand-off to providers. ● Discuss and honor confidentiality as students access services and supports that are part of the referral pathway. ● Consider using a universal screening tool in order to better identify students in need of support who demonstrate less observable, internalizing behaviors. 	<p style="text-align: center;">Trustworthiness</p> <ul style="list-style-type: none"> ● Take action to reduce stigma to increase help-seeking behaviors. ● Provide training for students, caregivers, and staff in the foundational understandings of CSMHS and the referral pathway. ● Communicate referral practices clearly and consistently to students, caregivers, and staff.
<p style="text-align: center;">Cultural Responsiveness</p> <ul style="list-style-type: none"> ● Consider barriers to mental health access for marginalized populations and work collaboratively with families and community partners to address these barriers. ● Ensure that referral pathways information is available in multiple languages or that translation services are available. ● Partner with mental health providers and other community partners of diverse identities. 	<p style="text-align: center;">Empowerment</p> <ul style="list-style-type: none"> ● Teach students, caregivers, and staff warning signs indicating they may need additional mental health supports. ● Empower and engage students to voice their needs and concerns. ● Ensure that referral pathways information is easily readable and accessible to students, caregivers, and staff, and provide assistance understanding and accessing this information as needed.
<p style="text-align: center;">Collaboration</p> <ul style="list-style-type: none"> ● Seek student, caregiver, staff, and community partner input when designing and piloting referral pathways (see DPI's School Mental Health Referral Pathways Guide). ● Provide a liaison, advocate, or mental health navigator to help facilitate communication between families, school, and providers. 	<p style="text-align: center;">Choice</p> <ul style="list-style-type: none"> ● Honor student and caregiver voice and prior experience when connecting students to services and making referral decisions. ● Provide diverse professional development opportunities to staff related to CSMHS and TSS in order to strengthen universal and targeted student supports.

Needs Assessment and Resource Mapping

<p style="text-align: center;">Safety</p> <ul style="list-style-type: none"> ● Engage staff, students, caregivers, and community partners to better understand school and community safety perceptions and concerns. ● Include crisis supports and services on the resource map. ● Regularly update the resource map to ensure that crisis supports and other services have accurate contact information listed. 	<p style="text-align: center;">Trustworthiness</p> <ul style="list-style-type: none"> ● Pilot the needs assessment with a small group and make necessary revisions prior to large-scale data collection. ● Allow needs assessment respondents to share perceptions and concerns anonymously. ● Ensure that needs assessment questions accurately represent the needs of staff, students, and caregivers, and provide opportunities for meaningful feedback.
<p style="text-align: center;">Cultural Responsiveness</p> <ul style="list-style-type: none"> ● Use person-first language in the needs assessment. ● Consider cultural and identity-related supports and services during the resource mapping process. ● Ensure that the needs assessment and resource map are available in multiple languages or that translation services are available. 	<p style="text-align: center;">Empowerment</p> <ul style="list-style-type: none"> ● Include strengths-based questions that recognize assets in the needs assessment. ● Engage in open and proactive communication with staff, students, and caregivers before and during the needs assessment process. ● Share needs assessment results and resource maps with staff, students, caregivers, and community partners, and involve them in continuous improvement work.
<p style="text-align: center;">Collaboration</p> <ul style="list-style-type: none"> ● Obtain perspectives from a variety of stakeholders including staff, students, and caregivers during the needs assessment process. ● Consider natural supports of students (relationships and connections that form naturally as part of life within a community) during the resource mapping process. 	<p style="text-align: center;">Choice</p> <ul style="list-style-type: none"> ● When possible, provide several options for each category of services and supports on the resource map. ● Use a variety of instruments to conduct the needs assessment (e.g., electronic and print surveys, interviews, focus groups). ● Use multiple sources to identify available school and community supports during the resource mapping process.

Sustainability

<p style="text-align: center;">Safety</p> <ul style="list-style-type: none"> ● Center staff wellness, belonging, and compassion resilience (see the Compassion Resilience Toolkit) and regularly recognize and celebrate staff accomplishments. ● Provide an Employee Assistance Program for staff and make them aware of the services provided. ● Ensure that safety has priority in mental health programming, policy, and procedures. 	<p style="text-align: center;">Trustworthiness</p> <ul style="list-style-type: none"> ● Use a trauma sensitive lens in all aspects of mental health policy development. ● Provide and honor dedicated time for mental health programming and professional development (including ongoing training, support, and coaching). ● Ensure that CSMH work is reflected in district strategic planning and goal setting to promote long-term viability.
<p style="text-align: center;">Cultural Responsiveness</p> <ul style="list-style-type: none"> ● Recognize and redress past harms caused by school systems, especially to those in marginalized groups. ● Teach staff to recognize and interrupt microaggressions, implicit and explicit bias, racism, and oppression. ● Engage in inclusive hiring practices so that students can seek mental health support from educators whose identities reflect their own. 	<p style="text-align: center;">Empowerment</p> <ul style="list-style-type: none"> ● Engage in advocacy for school mental health funding at the school, district, local, and state level. ● Educate staff, students, and caregivers about the connection between trauma and mental health and the impact of trauma on behavior and learning. ● Provide ongoing training and coaching to new and returning staff on the philosophy, strategies, and goals of a CSMHS and a TSS.
<p style="text-align: center;">Collaboration</p> <ul style="list-style-type: none"> ● Build mental health literacy and reduce stigma amongst staff, students, caregivers, and community partners. ● Engage in open communication and collaborative problem solving with staff, students, caregivers, and community partners before and while implementing programs or initiatives. 	<p style="text-align: center;">Choice</p> <ul style="list-style-type: none"> ● Provide a variety of services and supports at each level of the continuum of supports (mental health promotion, early intervention, treatment, and crisis support). ● Advocate for and use diverse school mental health funding sources from the school, local, state, and federal level.

Data

<p style="text-align: center;">Safety</p> <ul style="list-style-type: none"> ● Regularly assess the CSMHS and other systems for trauma sensitivity using the Trauma Responsive Schools Implementation Assessment (TRS-IA) or another assessment tool. ● Develop a system in which qualitative and quantitative data is used to monitor concerns about student safety. 	<p style="text-align: center;">Trustworthiness</p> <ul style="list-style-type: none"> ● Use evidence-based universal and targeted screening tools (see DPI's Mental Health Screening Resource Guide). ● Use the School Mental Health Quality Assessment (SMHQA) to assess components of the CSMHS and make data-driven programming and policy decisions. ● Ensure that confidentiality is honored and secure protocols are used when gathering, analyzing, and sharing data; be transparent about how data is captured and used.
<p style="text-align: center;">Cultural Responsiveness</p> <ul style="list-style-type: none"> ● Regularly engage in “data audits” of attendance, discipline, CSMHS, and other school data in order to identify areas of disproportionality, possible bias, or inequity within mental health programming and school systems. ● Examine disaggregated Youth Risk Behavior Survey and other survey data in order to identify populations placed at-risk. ● Consider power dynamics and potential biases that may exist in data collection. 	<p style="text-align: center;">Empowerment</p> <ul style="list-style-type: none"> ● Use data to build mental health literacy and reduce stigma amongst staff, students, caregivers, and community partners. ● Use data to advocate for systemic change at the school, district, local, and state level. ● Engage rapid Plan, Do, Study, Act (PDSA) cycles to empower staff to make changes to daily practices and processes.
<p style="text-align: center;">Collaboration</p> <ul style="list-style-type: none"> ● Collect and utilize staff perception, satisfaction, and retention data. ● Share attendance, discipline, CSMHS, and other school data with staff, students, caregivers, and community stakeholders in order to increase shared responsibility and inform continuous improvement efforts. 	<p style="text-align: center;">Choice</p> <ul style="list-style-type: none"> ● Value both quantitative and qualitative data. ● Provide educators and school mental health teams with a variety of data points and sources to inform their work.

References

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