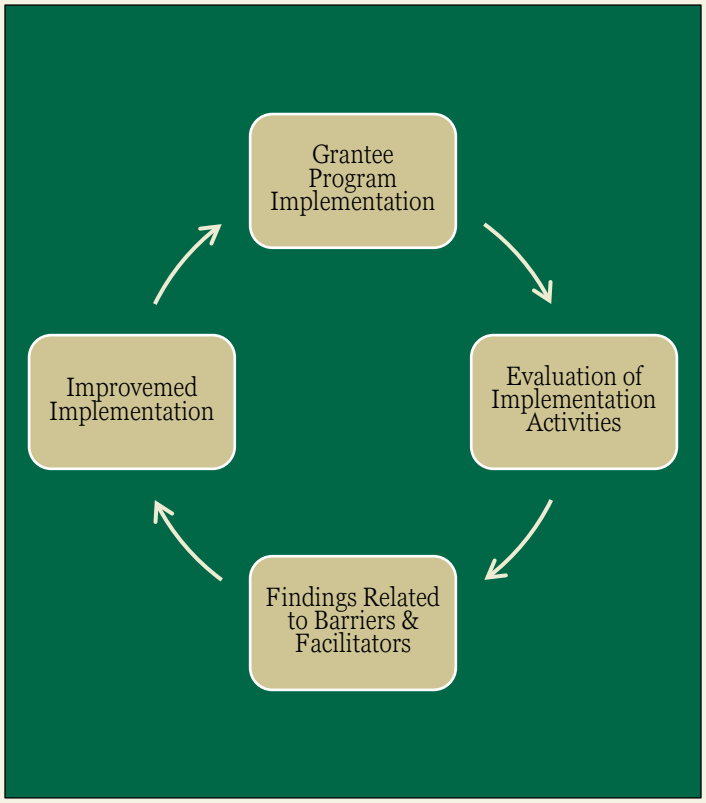
STOP
School Violence Prevention & Mental Health Training Program Implementation Policy Brief

February 2023

Executive Summary

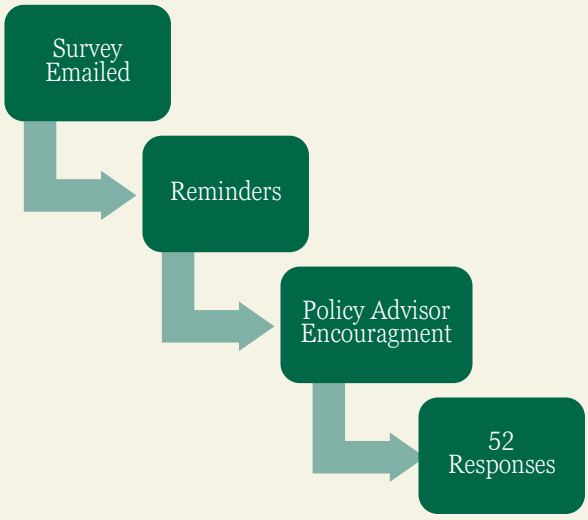
The rising prevalence of youth mental illness in recent decades has required schools to keep pace with students' social, behavioural, and psychological needs to foster a safe environment. In response to the Students, Teachers, and Officers Preventing (STOP) School Violence Act of 2018 (H.R. 4909), 128 grantees across the U.S. were awarded funding by the Bureau of Justice Assistance to improve school safety by implementing Violence Prevention and Mental Health Training programs.

The major goals of this study were to understand the challenges and facilitators of implementing violence prevention and mental health training programs among grantees. The study utilized survey methodology to conduct a cross-site analysis of all grantees who have been awarded funding in the Violence Prevention and Mental Health Training category over the two award years (2018 and 2019).



Context

Assessing the environment of implementation is crucial during the initial stages of implementation as these periods offer more fluidity in adjusting models and incorporating feedback from formal and informal assessments (NIRN, n.d.). Importantly, understanding the attitudes and behaviors of key stakeholders and professionals involved in implementation is also necessary during the early stages, as these components have a significant effect on program success and sustainability (Forman, et al.; 2013; Orpinas, 2004). Such identification of critical processes is necessary for informing replicable and scalable program development; it both improves the available research on factors that influence successful program implementation in these areas and informs essential modification during later stages of implementation to improve outcomes (Beidas, et. al., 2016; Weist et. al. 2012).



Methods

The survey was distributed as a Qualtrics link in July of 2021 via email to all 2018 and 2019 BJA grantees who received funding in the Violence Prevention and Mental Health Training category. Recipients who completed the survey received a $10 Amazon electronic gift card. The study team also coordinated with the BJA Senior Policy Advisor to forward the original survey email request to increase the response rate.

The survey included 46 items in all. In addition to site characteristics and representative role information, key survey domains included Implementation Stage, Mental Health Capacity, Implementation Barriers and Facilitators, COVID-19 Impact, and Satisfaction. Response options varied by domain and included numeric scale, Likert scale, and open response. Survey analysis was conducted using SPSS quantitative data analysis software (v. 27).

Results

There were more respondents from the 2018 grantees compared to the 2019 grantees. Grantee sites in both rural and urban areas were represented. Most respondents reported their role as state or local government personnel. Almost all responses indicated that BJA funds allowed for the implementation or expansion of trainings for teachers and students, additional funds for school resources to address violence and mental health concerns, and implementation or expansion of Threat Assessment Teams. Training was emphasized most consistently. Respondents shared ways that teachers, school resource officers, and other school personnel were trained to recognize signs of mental illness and understand how to intervene and support youth. Responses also indicated that several sites were implementing additional components to help bolster schools' infrastructure, particularly as it relates to threat assessment and follow-up from incident reporting. The survey feedback demonstrated ways that funds contributed to expanded community partnerships and collaboration.

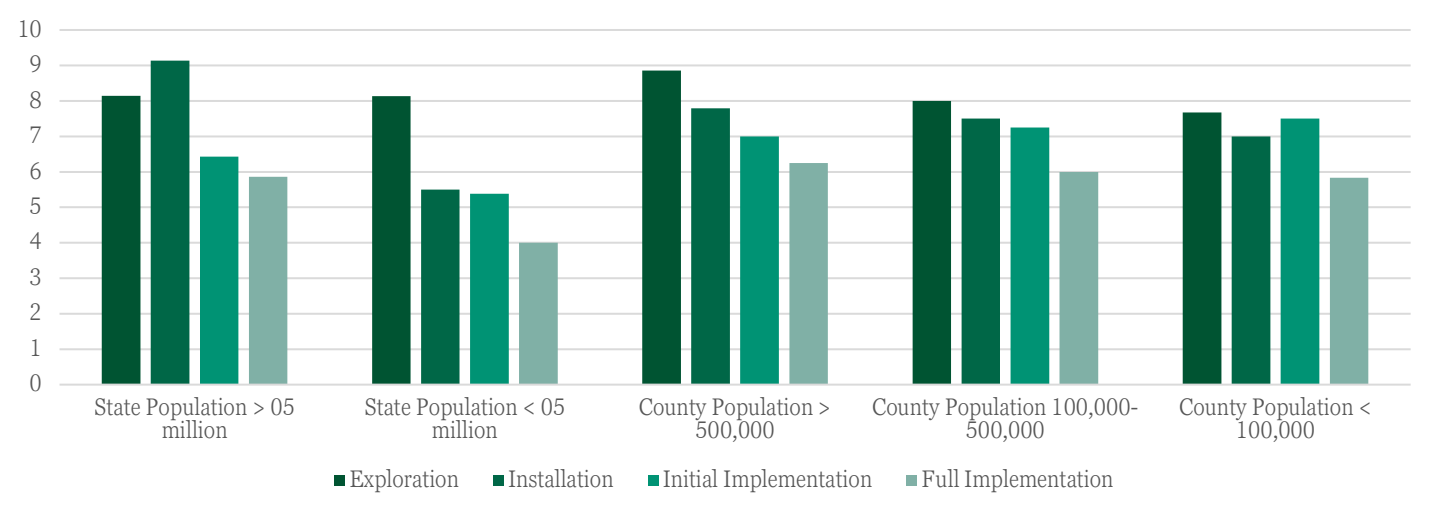
> **"We would not be able to fund our mental health training work without this funding."**
>
> -Response from an open feedback question

Implementation

Implementation Team. Survey respondents were asked to identify team members based on the School Health and Performance Evaluation (SHAPE) district profile. The most frequently reported Implementation Team members were School Administrators, School Counselors, and Teachers.

Implementation Stage. The National Implementation Research Network (NIRN) Stages of Implementation were used to assess STOP grantees' stage of implementation during this report period (Bertram et al., 2015). Respondents were asked to indicate their stage of implementation on a slider scale with options from 01 (no activity for that stage) to 10 (engagement in full range of activities for that stage). Figure 01 shows implementation stage activity by population category, indicating a similar trend across sites of higher activity in the earlier stages and less activity in the later stages of implementation. The most difference between stages of implementation is seen with Category 2 (state population with less than 5 million), where significantly more focus is on the Exploration stage compared to the other stages. Category 2 also has the lowest activity in the Full Implementation stage compared to other population categories.

Figure 01. Implementation Stage Activity by Population Category



Implementation Facilitators & Barriers

To further assess implementation experiences among STOP grantees, the survey measured respondent perceptions of facilitators and barriers to implementation within six subscales identified in the NIRN framework: need, evidence, fit, usability, capacity, and supports. Each subscale included multiple survey items, which were rated on a five-point scale that ranged from 1 = strongly disagree to 5 = strongly agree. Due to the limited internal consistency reliability of the subscales, analyses were performed using the individual variables, rather than subscale scores. Descriptive statistics were also conducted for each of the variables.

Mean scores for all included variables fell between '3' (neither agree nor disagree) and '5' (strongly agree), indicating that respondents generally experienced more facilitators than barriers in each of these areas. The highest mean response scores received were for (a) The selected program or practice fits with the priorities of the implementation site (Fit subscale); (b) Focus population for the STOP program is clearly defined (Need subscale); and (c) The core components of the program that are required to make it effective have been identified (Usability subscale). On the other hand, the lowest mean response scores received were for (a) The budget can support continued implementation after BJA STOP funding ends (Capacity subscale); (b) There is a recommended process for gathering input from the focus population on culturally specific enhancements (Usability subscale); and (c) There is an adequate number of staff in place to meet the requirements for the program (Capacity subscale). Descriptive analyses also indicate that many of the variables had considerable amounts of variance, and data were not normally distributed.

Mental Health

The School Mental Health Capacity Instrument (SMHCI) was used to assess the capacity of schools across sites to address the mental health needs of students (Feigenberg, et al., 2010). The SMHCI includes three subscales: Intervention, Early Recognition and Referral, and Prevention and Promotion. Two supplementary sections from the SMHCI were included to understand the context of sites' capacity to address mental health: Problem Severity and Barriers to Mental Health in Schools.

Problem Severity. Overall, sites reported similar perceptions of problems related to mental health (Figure 2). Responses were based on a 4-point scale, where 1=Not a problem at all, 2=A little bit of a problem, 3=A moderate problem, and 4=A very big problem. Mean scores showed little variation overall indicating problem severity across the board. The items reported as most problematic were Stress and Anxiety. The items reported as least problematic were Anger Management and Alcohol/Drug Use.

Barriers to Mental Health in Schools. Responses to the Barriers to Mental Health in Schools supplementary questions indicate that sites are experiencing many barriers with insufficient resources to address them (see Figures 03-05). When asked whether student mental health problems limit schools' ability to focus on teaching, 75% of respondents agreed or strongly agreed. Similarly, there was agreement by most sites that mental health problems were a barrier to learning for students. Most respondents felt that their schools did not have enough resources to address student mental health needs.

Figure 02. SMHCI Supplement: Problem Severity

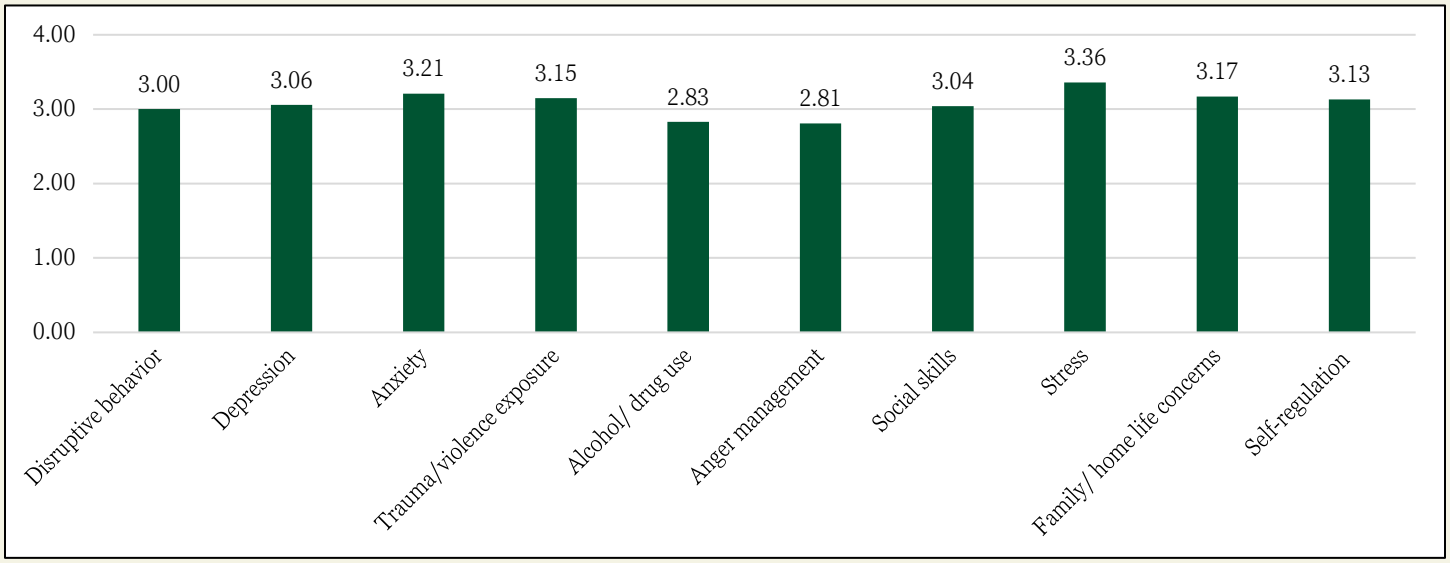


Figure 03. SMHCI Barriers to Mental Health in Schools

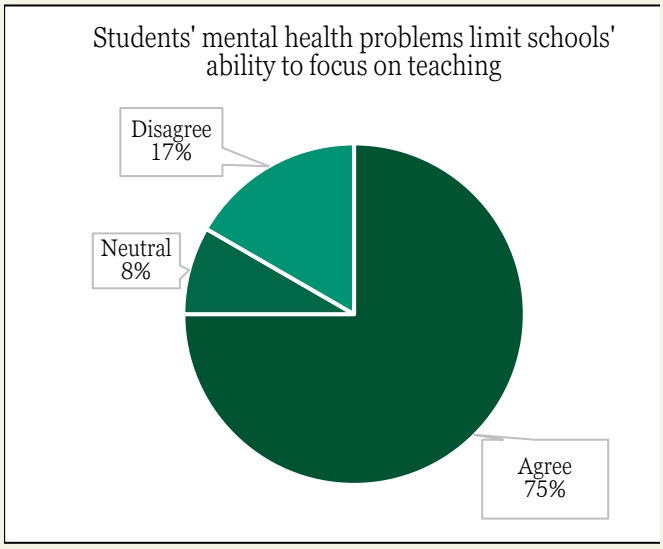


Figure 04. SMHCI Barriers to Mental Health in Schools

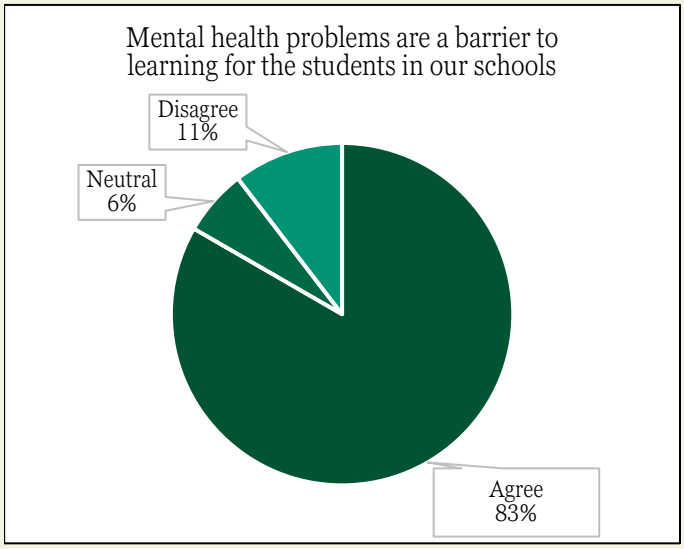
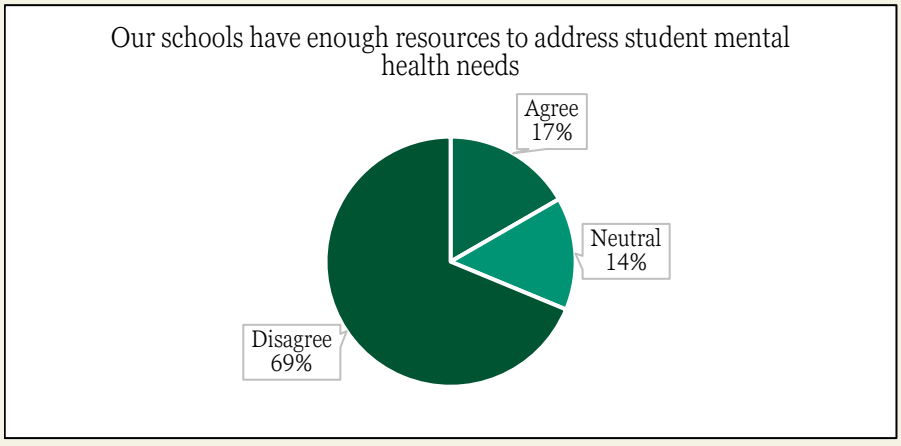


Figure 05. SMHCI Barriers to Mental Health in Schools



Key Messages

This study examined facilitators and barriers to implementation, as well as contextual factors that relate to student mental health. Examining facilitators and challenges during early implementation provides an opportunity to incorporate feedback and make any necessary changes to ensure program success and sustainability. Feedback from participants in this study showed that grantees were implementing trainings, developing resources, and building infrastructure to recognize the signs of mental illness, understand how to intervene, and the best ways to support youth. Despite the implementation of the STOP School Violence and Mental Health Training grants, grantees still reported concerns relating to student mental health and well-being. Some grantee respondents also indicated that the COVID-19 pandemic exacerbated mental health issues among students and school personnel.

Recommendations

1: Revise district-level policies to support additional mental health resources for all schools.

2: Provide funding to establish collaborative relationships between schools and community behavioural health organizations.

3: Provide funding to allow for staffing behavioural health specialists at each school.

4: Revise policies to allow for information sharing across districts and States.

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