CVUSD Mental Health and Wellness Services

Super-DAC
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Today’s Presentation

- Defining mental health
- What CVUSD mental health services look like now
- Mental health trends of CVUSD students
- How to access school-based mental health services
- Considerations made in service delivery for special populations
- Where Mental Health & Wellness Services is headed
- What parents can do to support their child's mental health at home

Defining Youth Mental Health

- Mental Health is how children and youth think, feel and act.

- When a young person is experiencing a mental health problem it is often due to a complex set of factors that can involve genetices , culture, intergenerational experiences/trauma, the envrionment, what is occuring in the family/household, the student's cognitive abilites, developmental stage and real or perceived pressure.

- Mental health in schools, is holistic in nature. The focus in not on a diagnosis, it is s about keeping students healthy, strong and resilient. Mental health is about supporting students' minds , and emotional well-being as they learn to cope with daily challenges, form friendships, succeed academically, and build resilience for the future.

Continuum Mental Health & Wellness Services

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01.

Universal Supports

- The starting point of the mental health continuum is preventive in nature and targets all students (i.e. school-wide assemblies, classroom interventions, universal screening)
- Targeted screening and intervention (i.e. SST, wellness counseling, BreakThrough, home visiting)
- School-based counseling (i.e. SST, 504, wellness counseling)





02.

Elementary Wellness Services

- Individual and group therapy services
- Push-in supports in the classroom/playground
- 253 Elementary students currently receive individual therapy services
- 36 Elementary students currently receive group therapy services

03.

Middle School Wellness Services

- Individual Therapy (ongoing)
- Group Therapy (ongoing)
- Lunch time activities
- In the 23-24 school year:
  - 163 students received individual therapy
  - 31 received group therapy





04.

High School Wellness Services

- Walk-in services
- Request an appointment
- Individual & Group Therapy (ongoing)
- Classroom Lessons/ Schoolwide Events
- YTD wellness centers have logged over 5,200 visits and have seen 371 students for individual therapy

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01.

Services for Students with IEP's

- Designated instructional services (DIS)
  - Individual and/or group counseling
- Educationally related social emotional services (ERSES)
- Collaborative social emotional services (COEDS)
- Specialized program support





02.

DIS Counseling

- DIS Counseling is less intensive and delivered to individuals to increase adaptive functioning in the school setting
- DIS counseling focuses on support and skill-building rather than intensive mental health treatment
- Clinician's focus is student progress on social emotional IEP goals

03.

Educationally Related Social Emotional Services (ERSES)

- ERSES services are provided when a student requires more intensive, longer term services in order to access their education due to mental health concerns
- ERSES services include individual therapy, collaboration with parents/guardians, collaboration with outside family therapy sessions based on student need





04.

Collaborative Education Services (COEDS)

- Enhances ERSES services by providing more intensive support to parents/guardians. Services include parent counseling and youth partner services.
- Youth Partners provide students with brief, more frequent meetings to teach and reinforce positive behaviors.
- When combined, these services provide a comprehensive, wraparound support program to ensure that families and school teams are working together, implementing similar interventions.

Mental Health Data and Trends: Elementary

Individual therapy wellness-**316** students
Small group therapy-**106** students

Reasons for accessing wellness support

1. Peer Conflict
2. Behavior
3. Home stress
4. Emotionally overwhelmed
5. Attention difficulties

Outcomes: Strength and Difficulties Questionnaire-Findings found the emotional and behavioral difficulties became less disruptive to the students' daily functioning, relationships, and participation at school following therapy services per teacher report.

Mental Health Data and Trends: Middle School

Individual therapy wellness-**378** students
Small group therapy-**85** students

Reasons for accessing wellness support

1. Peer conflict
2. Anxious/worried
3. Home stress
4. Emotional overwhelm
5. Executive funtioning difficulties

Outcomes: Generalized Anxiety 7 Item Scale & Patient Health Questionairre 9 Item Scale (Depression)

Symptoms of moderate to severe anxiety decreased from 34% to 18%

Symptoms of reported moderate to severe depression decreased from 32.6% to 27.9%

Mental Health Data and Trends: High School

Individual therapy wellness-**853** students
Small group therapy-**141** students
Drop-in support-**1,192**

Reasons for accessing wellness support

1. Anxiety/worried
2. Home stress
3. Emotional overwhelm
4. Self confidence
5. Peer relationships

Drop-in services 1,192 unduplicated students

Outcomes: Generalized Anxiety 7 Item Scale & Patient Health Questionairre 9 Item Scale (Depression)

Symptoms of moderate to severe anxiety decreased from 62.5% to 51.4%

Symptoms of reported moderate to severe depression decreased from 44% to 27%

Drop-in services are evaluated through a screener rating distress on a scale from 1-10. Result found that the average distress reported at sign-in was 5.1-5.5 and reduced to 2.3 at sign out

How to access support

- Elementary & Middle School - Reach out to your school counselor or school administrator/principal and request wellness counseling, access the Healthy Campus portal for consents and provide your insurance information

- High school- Reach out to school counselor, administrator OR encourage your student to visit the wellness center, access Healthy Campus portal and provide your insurance information

- Through the California, Children and Youth Behavioral Health Initiative (CYBHI), CVUSD can bill insurance for school-based mental health services at no cost to you and does not affect your deductible

- All students regardless of insurance status are served and all services require parent/guardian consent

Pillars of Practice For Special Populations

Cultural Humility: Students and families are approached as the experts on their own lived experiences; acknowledge privilege between practitioners, school systems, and clients is acknowledged.

Systemic & Contextual Awareness: There is recognition about how discrimination, historical trauma, personal biases, and institutional barriers directly impact student mental health.

Strengths-Based Approach: The focus is shifted from deficit models to leveraging intrinsic strengths, family assets, and available resources; instead of asking a student what is wrong, the focus is upon what is happening internally and externally in their worlds.

Trust & Confidentiality: Boundaries of confidentiality are clearly explained particularly when working with marginalized or vulnerable populations with an emphasis upon mandated reporting requirements.

Active Advocacy: There is direct intervention against racial comments, bullying, and microaggressions in the school environment. Clinicians are trained to use direct advocacy to create incremental systemic change while modeling equitable practices for students.

Clinical Considerations for African American Students

- **Medical Mistrust & Stigma:** Historical and ongoing systemic inequities can foster mistrust toward institutional systems. Providers must build rapport transparently and provide mental health services without pathologizing normal stress responses

- **Pressure:** Students may face intense pressure to excel academically to disprove racial stereotypes, leading to high levels of anxiety, perfectionism, and burnout.

- **Lack of Culturally Representative Providers:** African America mental health professionals make up a very small percentage of school clinicians in California; African American providers are intentionally recruited.

- **Microagressions:** Student experiences of microaggressions and implicit bias from both peers and school personnel are validated without requiring the student to "prove" this has occurred.

- **Internal Conflict:** Recognize that being one of only a few Afircan Americanstudents on campus can create conflicting feelings, students may feel both invisible (unseen culturally) and hyper-visible

- **Reframe Roles:** Students are supported in their roles, reminding them they are students and are not responsible for representing their entire race in classroom discussions or group activities

Clinical Considerations for Latinx Students

- **Bilingual & Culturally Representative Care:** Services are provided in the student's primary language or utilize qualified interpreters (currently not needed). There is intentional recruitment of bilingual providers.

- **Honor Familial Values:** Family hierarchies, intergenerational dynamics, and parental roles are valued while balancing the student's individual therapeutic goals.

- **Psychoeducation for Families:** Culturally sensitive mental health education is offered in ways that align with families' understanding of well-being.

- **Immigration Status & Stress:** Immigration-related stressors, fear of deportation, mixed-status family dynamics, and acculturation gaps between parents and youth are acknowledged.

- **Language Barriers & Nuance:** Regional idioms, cultural expressions of distress and variations in language and cultures across different Latin American origins are recognized.

Clinical Condsiderations for LGBTQ+ Students

- **Affirming Environment & Language:** Students' chosen names and correct pronouns are used. There are visual display of safety in confidential spaces (e.g., ally symbols, inclusive literature).

- **Active Advocacy:** Intervention occurs directly against homophobic or transphobic bullying, slurs, and microaggressions.

- **Identity-Affirming Modalities:** Affirmative therapy that validates sexual orientation, and gender identity/expression as healthy aspects of identity development are used. A continuum of identity development for students during adolescence is recognized, understanding this is developmentally appropriate and that some students are trying out identities that may change.

- **Privacy:** Student confidentiality regarding their sexual identity and orientation is maintained.

- **Intersectional Stress:** Stress caused by rejection, social isolation, or conflicting cultural/religious identity expectations is acknowledged.

- **Safety Risk:** Students may be at increased risk for self harm and suicidality resulting in more frequent session and check-ins.

Clinical Considerations for GATE Students

- **Asynchronous Development:** Intellectual capability may exceed emotional or social development, creating unique internal conflicts
- **Perfectionism & Anxiety:** Students are supported in dealing with high (often self-imposed) expectations, fear of failure, and overexertion tied to academic performance
- **Support Identity Beyond Achievement:** Students are supported in building self-worth independent of academic accomplishments, grades, or intellectual praise
- **Underachievement Masking Symptoms:** Emotional distress, depression, or unaddressed neurodivergence (Twice-Exceptional) can manifest as loss of motivation, boredom, or behavioral withdrawal.
- **Social Isolation:** Gifted youth can struggle to find relatable peer groups, leading to feelings of alienation or difficulty regulating social interactions

Some Clinical Considerations for Students with Disabilities

- **Accessibility & Accommodation:** Therapeutic tools, spaces, and communication methods are fully accessible (e.g., visual support, sensory accommodations, scaffolding).
- **Autonomy & Self-Advocacy:** Student agency over their lives is emphasized by involving them directly in goal setting and supporting their accommodations.
- **Strengths-Based Planning:** Students' strengths are used to build resilience, self-efficacy, and confidence and skill-building are prioritized.
- **Masking & Burnout:** Neurodivergent students can expend significant energy masking traits to fit standard classroom expectations, leading to exhaustion and meltdowns which is addressed with students.
- **Twice-Exceptionality:** Students who are both gifted and have a disability are frequently misidentified—their gifts may mask their disability, or their disability may mask their gifts, leaving emotional health needs unaddressed.

Where the Mental Health & Wellness Services Dept. is Headed

- Move away from solely relying on grants to a more sustainable funding model
- The California Children and Youth Behavioral Health Initiative has made it possible for CVUSD schools to be reimbursed by private health insurance plans and Medi-Cal for the mental health and wellness services provided to students on campus by mental health clinicians and counselors
- Continue to evaluate the mental health needs and outcomes of CVUSD students and equip providers to respond with evidence-based intervention
- Continue to train staff and interns to utilize the “pillars of practice” previously discussed based upon the whole child

Activity

In your table groups, share some ways you can support your child's mental health.

How Parents and Guardians can Support their Child’s Mental Health

- Be clear about the factors that contribute to childrens’ and teens’ mental health
- Remember the big picture
- Don’t over-accomodate
- Take care of your mental health

Be Clear About the Contributing Factors

- Remember mental health is the result of co-occuring factors: genetices , culture, intergenerational experiences/trauma, the envrionment, family stressors, environmental factors, where your child is cognitively and developmentally and real or perceived pressure.

- In light of these complexities, consider that you may not be the cause of your child's mental health challenges and therefore you may not be able to "fix" them for your child.

Remember the Big Picture

- **Teach** your children how to cope with stress and discomfort. Discomfort is temporary, let them know you have confidence in their abilities to get through hard things.
- **Focus** on processing your child's emotions rather than eliminating discomfort. Help them reframe negative self-talk, regulate intense feelings, and develop healthy coping mechanisms when facing academic or social stress.
- **Make** the family environment a secure base where overlapping systemic stress (i.e. school anxiety, online pressure, or environmental factors) can be processed without fear of judgment.
- **Separate** your child's identity from external demands. Ground their identities in their core values, character, and passions, rather than perfectionism, grades, athletic abilities, or likes on social media.
- **Model** how to set personal boundaries with committments, obligations, digital media, sleep habits, and social pressures.

Try Not to Over-Accommodate

- ***Over-accommodation robs children of growth as they lose the opportunity to build emotional regulation, cognitive flexibility, and internal coping mechanisms.***

- **Distinguish** between support and over-accommodation: Support means sitting with a child through discomfort, helping them label emotions, and brainstorming solutions together. Over-accommodation means taking away the stressors entirely so the child doesn't have to experience discomfort or anxiety.

- **Focus** on long-term resilience over short-term relief.

- **Scaffold** instead solving the problem for your child, break up the concern into manageable steps. Validate their distress ("I see how overwhelming this project feels"), but keep the responsibility on the child ("What is one small part of this you can tackle first?").

Take Care of Your Mental Health

- **Recognize** your mental health and stress levels directly shape the home atmosphere and your child's sense of safety. Taking care of your psychological well-being isn't self-indulgent, it is a foundational part of supporting your child.
- **Practice** micro-moments of rest. You don't always need hours of free time to reset. Build moments of pause into your day taking five deep breaths before walking into the house, enjoying a quiet cup of coffee, or stepping outside for fresh air to bring your nervous system back to baseline.
- **Release** perfectionism. Let go of the pressure to be the perfect parent or trying to solve every systemic stressor in your child's life. Focus instead on consistency, warmth, and connection.
- **Maintain** boundaries. Say no to non-essential commitments, limit exposure to social comparisons or parental guilt, and protect your personal downtime.
- **Distinguish** between your child's discomfort and your discomfort. When your child is anxious or struggling, it's natural to want to absorb their stress or fix things for them. Practice grounding yourself so you can remain a calm anchor rather than escalating into their emotional storm.

Thank you!