

**Grant Proposal - Promoting Mental Health Awareness: Reducing Stigma and
Supporting Children's Wellbeing in School**

Paris Crispin & Kaylee McEdward

University of Washington, Tacoma

TSOCW 533B Integrative Practice II

Anindita Bhattacharya, PhD, MSW

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This grant proposal requests \$340,000 from the School Based Mental Health Services Grant through the Department of Education to address the importance of education surrounding mental health in schools around the United States. This proposed intervention seeks to work with families, teachers, and students about mental health and seeks to provide comprehensive education on what mental health looks like, how to support students and families, and teach evidence-based strategies for coping with symptoms that may be experienced.

Problem Description

Evidence of Social Problem:

“A typical U.S. student spends 8,884 hours over nine years to complete primary and lower secondary education. That’s nearly 1,300 hours – more than a full school year – more than the average for other countries in the report” (Sparks, 2019, para. 4). As we know, children spend a significant amount of time in schools. With this, there needs to be a focus on incorporating mental health support through intervention, interviewing stakeholders, and by identifying resources. For this report, we will discuss the social issue of untreated youth mental health within the K-12 school setting.

Research has shown that 1 in 5 children have some form of mental health diagnosis (American Psychological Association, 2022). That being said, despite school being the largest delivery system for this age group, only about 20% of students are receiving specialized support services (Centers for Disease Control and Prevention, 2023a). This is due to a lot of factors, such as lack of providers, lack of social emotional learning being taught, long waitlists, and high costs associated with mental health support. While this issue is extremely complex, there are key steps in ensuring that students’ mental health needs are addressed.

According to Youth.gov (2024), there is an urgency to ensure that students begin receiving treatment for mental health disorders. This happens through early identification, a referral process, training for teachers to respond to mental health crises, providing assistance for schools to address persistent violence, and additional mental health professionals to provide their services in a school setting. By incorporating Interventions such as the use of social emotional learning, multi-tiered systems of support, and utilizing resources within the community such as the Communities In Schools program/framework we should see fewer gaps in services related to untreated mental health in the K-12 setting.

Major Shifts in Understanding

During the COVID-19 pandemic, we saw a huge increase in mental health concerns for youth. According to the World Health Organization (2022), there was a 25% increase in prevalence of anxiety and depression worldwide. Furthermore, the shift that the pandemic caused was addressed in the stakeholder interviews that were conducted throughout this quarter. Stakeholders noted that this shift revealed a clear need for early interventions in the school settings as, in returning to school, a lot of younger children were lacking emotion regulation skills and social skills. This underscores the need for proactive mental health initiatives within schools, as the pandemic showed that external stressors can heavily impact the well-being of students.

By integrating mental health into education, we can work to reduce the stigma surrounding mental health.

Theoretical Framework:

The Social Cognitive Theory framework can be used in understanding the importance of environmental influences surrounding stigma towards mental health in the school setting. The core belief about this framework is that people are influenced by experiences, the actions of others, as well as environmental factors on health behaviors (Rural Health Information HUB, n.d.). This framework utilizes observational learning and reinforcements to instill behavior change in individuals. Some of the key principles of the Social Cognitive Theory include the notion that learning occurs through observation, imitation, and modeling.

In the context of stigma in mental health in schools, this specific framework helps us understand how students, teachers, and families can learn and adopt behaviors toward mental health based on what they observe within their environment. For instance, if students witness their peers or educators expressing negative beliefs about mental illness, these attitudes can be reinforced and imitated by others, which perpetuates further stigma. When social workers, counselors, and other staff members display openness and understanding about mental health challenges can help create an environment where stigma is reduced.

Existing Interventions:

In terms of interventions that are currently available and have been used to target mental health in schools, there are many evidence-based programs that have been shown to have success when used in schools. Social and Emotional Learning (SEL) is a widely known and popular approach that is used in schools. SEL programs aim to improve competence, academic performance, and likelihood of experience behavioral and emotional issues in the future through teaching competence clusters of self-awareness, self-management, social awareness, relationship skills, and responsible decision-making, as well as cultivating a classroom and school culture that enhances these skills (Greenberg et al., 2017). SEL strategies include classroom-level, school-level, and family and community, and this helps to reach not just the classroom, but the climate as a whole as well as engage the families and provide opportunities to practice these skills outside of school. Although the results of SEL are well documented and shown to be correlated with social, cognitive, academic, and health outcomes later on, there remains a lack of consensus on best practices of defining, evaluating, and promoting SEL (Mondi, et al., 2021). When the foundation of the intervention is unclear it makes it difficult to implement because there is uncertainty surrounding what the outcomes should be and how these skills should be taught. This is especially difficult for teachers as they are delivering these interventions at the classroom-level, and if they do not have a clear understanding of the premise of the intervention and how beneficial it is to foster multidimensional well being rather than focusing solely on academic and cognitive abilities, the intervention may not be as successful as it is intended to be.

The Multi-Tiered System of Support (MTSS) model is another that has been adopted by many schools within the country. This approach consists of three levels to offer different types of supports to students as needed. Tier 1 is the universal tier that is

accessible by every student, and it often includes programs that are integrated into the curriculum, 504 plans, and IEPs that are universal supports and accommodations. Tier 2 begins to target specialized supports, working with small groups to help address certain skills that need to be addressed. The final level, tier 3, is the most individualized tier and commonly includes one-on-one interventions for students (Multi-Tiered Systems of Support, n.d.).

Although the universal tier has a lot of promise and can be beneficial as a preventative measure for mental health issues, MacGregor et al. (2024) found that teachers and other staff members are on the receiving end of the resource and time pressures that are incurred from integrating mental health curricula into schedules that are already demanding. From the point of view of the teachers, they expressed feelings of being inadequately trained and had a hard time balancing the existing structures and the new intervention. They were also wary of taking time away from teaching to shift the focus to mental health. Overall, although the MTSS model has positive impacts on mental health, the Tier 1 universal support level can be difficult to implement due to the resources it requires, the strain placed on teachers, and the mixed attitudes towards using the classroom as a place to discuss mental health.

Other evidence-based interventions that have been adopted by schools include mindfulness programs, such as Mindfulness-Based Stress Reduction (MSBR), resilience programs, such as RESCUR, and Restorative Practices. Mindfulness programs have been shown to have a significant impact on mental health and wellbeing outcomes for children (Carsley et al., 2018). These programs use structured activities to focus attention and control physical and mental activity, and these activities can range from medication to mindful eating. The authors also noted that it seems late adolescence (15 - 18) is the ideal time to implement mindfulness programs as this period of development was the most impacted, arguing that this is a “window of opportunity” where brains are more malleable. Resilience programs aim to build a student’s ability to adapt in the face of adversity and stressors by teaching skills such as self-determination and communication (Cavioni et al., 2018). The Resilience Curriculum (RESCUR) program, for example, does this by practicing mindfulness exercises, storytelling, discussion and processing of the story, practical activities, and take home exercises. Finally, teen talking circles are an integral part of Restorative Practices in schools. This involves giving teens a safe space where they can feel comfortable and respected and learning about skills such as friendship making, conflict resolution, and emotional literacy (Schumacher, 2014).

There are many evidence-based interventions available for use in schools, however, the actual use in practice is low. Forman et al. (2011) give an example where they looked at drug-use prevention programs. They found that, although 80% of school districts had some level of implementation, only about 17% used successful methods. Although there is policy support for implementing mental health interventions in schools, the actual implementation process is complex and requires more planning and coordination than schools have resources for. Money and time are some of the biggest barriers that come up against when schools go through the implementation process. However, other barriers include beliefs held by school personnel about the intervention and competing priorities with the school.

Stakeholder Information

Throughout the duration of this quarter, we have interviewed a number of individuals who currently work within the field of social work. The purpose of these interviews were to identify and address gaps within untreated mental health in school settings. Our interviewees ranged from school social workers, to individuals who have lived experience as a teacher in the school setting. The interviews conducted allowed us to see the importance of school social workers and highlighted the importance of developing interventions to help address stigma and treat mental health in schools.

The first interview that was conducted was done with a current school social worker. This interview allowed us to understand the importance of the school social worker in the school setting. Throughout this interview, she expressed a huge need for more school social workers within school settings. She spoke to her current caseload and lack of sustainability within her job. She is responsible for 10 elementary schools and shared concerns about sustainability. She expressed the need for more professionals to do outreach for families to help with resources. She mentioned the importance of communities in school and their work, and their ability to engage families. By hiring and properly training outside agencies, she stressed the need for additional resources and outreach agencies.

In addition, we interviewed another school social worker who also shared a lack of capacity to intervene with all students. She shared that instead of meeting with individual students, she prioritizes small groups within the high school setting. This interview allowed us to gain insight into the school dynamic and how difficult it is to make meaningful connections with all students. This also provided insight into the MTSS framework and focus on tier 2 interventions. It was fascinating to hear about how successful small groups have been in the high school setting. She shared current interventions such as restorative practices to help build relationships with students. She also spoke about the difficulty in finding enough resources for marginalized students. This is something that she identified as a barrier for students to receive mental health care.

We also conducted an interview with an individual who used to be a preschool teacher, has experience as a WISE clinician, and is currently a program manager for a WISE team. This allowed us to gain insight into the perspective of someone who has been on the inside and the outside. It was interesting to be able to see her side as a teacher because she could speak to how overwhelmed teachers are with all of the high needs kids that they have in their classes recently. This allows us to see that an intervention that relies on teachers integrating it into their curriculum may not be helpful at this point because it is not sustainable for the teachers. However, she was also able to speak from the outside perspective as someone who has worked in the home environment as well. She spoke about how important it is to have even just a glimpse into the home environment because it can give so much insight into who the youth is and what type of support they have around them.

Another interviewee was able to speak to her lived experience as a parent of children with behavioral health needs, as well as her professional experience of working as a parent partner. This allowed us to gain a new perspective of someone who has

been a parent supporting children with intense behavioral needs, as well as supporting other parents through this. She stressed that parental involvement is very important as it creates a space for everyone involved to become more comfortable speaking about mental health and reduces the shame and stigma that surrounds it. She stressed that schools need to be better at engaging with parents and suggested specialized positions within schools to help with this connection and communication. This holds a lot of weight coming from her lived and professional experience as it shows that parents want to be involved and are open to having these conversations.

Resources

In researching current resources available to students to address mental health, we noticed that certain resources are heavily dependent on geographic location. For the purpose of this assignment, we will be discussing resources within Pierce County that are currently available to students. These resources include Greater Lakes Mental Healthcare, Comprehensive Life Resources, Kids Mental Health, Communities In Schools, Catholic Community Services, and Summit Mental Health Services.

Greater Lakes Mental Healthcare is an available service for individuals receiving Medicaid within Washington. Greater Lakes Mental Healthcare has three locations within Pierce County and provides both inpatient and outpatient services. Greater Lakes provides therapy services for some schools within Pierce County. Greater Lakes provides one on one therapy for students who are struggling with various forms of mental health problems. While this service is great for students who do not have access to outside therapy, there are very few spots for providers to fill. This resource is extremely limited and does not serve all of Pierce County.

Comprehensive Life Resources is located within Pierce County and provides a range of services. These services include individual counseling, family counseling, case management, group therapy, school connect, socialization, housing assistance, supported employment, homeless outreach, mobile community response team, residential treatment, substance use treatment, and veterans services. This service offers a wide range of services and does a good job focusing on treating the entire person, and not patching up one issue. Clients who attend Comprehensive Life Resources can receive a range of services and programs to ensure that all of their individual needs are met. Within Comprehensive Life Resources, they provide a wrap-around service, known as WISe (Wraparound with Intensive Services) to support students and families. This service consists of a peer support person, a parent support, a therapist, and case coordinator to address behavioral issues and mental health concerns. One gap within this service is high staff turnover. Staff have large case volumes and employees often feel overvalued. This has led to certain programs beginning to turn clients away, and has also led to having a hard time for students and families to connect with staff because they're constantly changing.

Kids Mental Health is located within Pierce County and serves a coalition of people and agencies to improve mental health treatment for children and adolescents. KMHPC provides many resources on their website to address mental health that range from inpatient/outpatient services to services specific to marginalized communities. One of the most notable programs within KMHPC is the YES program. This program aims to bridge gaps between mental health crisis and lack of follow up post crisis. This program

targets youth who were seen by MultiCare emergency department and provides significant follow up. KMHPC meets children where they currently are and serves as a bridge to care for post behavioral health crises.

Communities In Schools is an agency within the nation that provides resources for students and families. Communities In Schools uses an integrated student support approach to connect students and families to resources better. According to Communities In Schools (2022), their program exists to build on student strengths, overcome systemic barriers through advocacy, and utilize partnerships as well as providing individualized social-emotional supports to engage students and families. Communities In Schools is effective because of their ability to connect with students and families. While Communities In School works well to address barriers for students, there is a major gap worth noting related to their services. Funding structure and funding streams are a huge barrier when it comes to serving the community. Communities In Schools is primarily grant funded and relies on grants and donations. Without consistent funding streams, there are huge concerns surrounding sustainability within school settings.

Catholic Community Services serves individuals in Western Washington. CCS provides child youth and family services, services for elderly and individuals with disabilities, shelter services, and substance use services. CCS works with multifaceted issues for individuals and families. CCS provides wrap-around support for students and families and provides assistance with getting individuals support within their communities. Similarly to KMHPC, CCS also has a high turnover rate and has extremely long waitlists. With high staff turnover rates, families suffer. This affects the care that they're receiving and acts as a barrier for families who are in need of intervention. Overall, CCS is a wonderful resource for families within Pierce County.

Finally, Summit Mental Health Services provides an array of services for youth and families within Pierce County. These services include individual counseling, help with addressing behavioral problems, school problems, parenting skills, relationship issues, life transitions and sexual abuse issues. Summit Mental health services is a great resource for families within Pierce County to utilize. While Summit Mental Health is a valuable resource, there is one significant barrier to care that is worth addressing. Summit accepts private insurance but does not cover some state insurance plans, which may limit access for individuals relying on public coverage. Despite these barriers, Summit Mental Health remains a highly beneficial resource for many families experiencing mental health concerns and/or crises.

Statement of Need

Needs Statement:

School staff and families need increased knowledge and awareness of mental health challenges among children to support children and their needs effectively.

Marginalized Perspectives and Intersectionality:

When looking at the Social Cognitive Framework, this perspective helps to explain how these factors influence behavior, attitudes, and outcomes, particularly in terms of mental health and social functioning. The Social Cognitive framework, coined

by Albert Bandura has four core concepts: observational learning, self-efficacy, reciprocal determinism, and outcome expectations.

Stigma surrounding mental health develops through the observational learning stage. Individuals learn negative stereotypes about mental health disorders by seeing how others in their environment respond to individuals with mental health disorders. For example, a student who is experiencing a mental health crisis may have individuals who state “just toughen up”. This language not only invalidates the person dealing with the mental health disorder, but the student may not feel comfortable disclosing their struggles, which often leads to further isolation and creates an environment where students do not seek mental health help and turn towards feelings of low efficacy, resulting in reciprocal determinism and outcome expectations.

Reciprocal determinism demonstrates how personal beliefs about mental health interact with the behavior of others, and the broader social environment. The harmful ideas surrounding the social environment affect an individual's ability to seek help or address any mental health problems, thus leading to outcome expectations. Outcome expectations often look like not reaching out to staff or family members due to feeling ostracized or labeled. Addressing these stigmas through education, providing a supportive environment, and displaying a more positive portrayal of mental health disorders may allow for an overall shift surrounding mental health in the school setting.

When considering the Social Cognitive Framework, and intersectionality, we are able to see how different identities view the world and how different intersectionalities (ex. race, gender, sexuality, etc.) can influence thoughts about mental health which can unintentionally further perpetuate negative stigmas.

Motivation:

In our current practicum placements and throughout our social work program, we have worked with many students who have a serious mental health diagnosis. We have witnessed firsthand the stigma that students experience daily and see the divide between schools and families. We have seen how stigma and stereotypes affect students and their families. During our time within the school setting, as a school social work intern, and as a WISE team therapist, we have become strongly drawn to providing support as well as education for students and families who are experiencing mental distress. We recognize that when a student is experiencing a mental health disorder, this not only impacts them academically, but also socially, and developmentally. This understanding drives us to use student-centered approaches that promote well-being as well as academic success. One of the most profound realizations throughout proposing this intervention is the need for collaboration between schools and families, which drives our motivation for this project.

Description of Project

Overall Description:

This program is an educational curriculum targeted at the middle school level with the ability to be adapted for use in elementary and high school. It is designed to be implemented within the school setting. The curriculum targets mental health among school-aged children and aims to reduce stigma around mental health and promote

awareness. Individual units were developed for students, families, and school staff, addressing similar and different aspects depending upon which population is being targeted (See Appendix C for an outline of student, family, and school staff modules that will be used in the curriculum). The program will include the hiring of two facilitators, and these facilitators will teach the course over a span of 10 weeks, or one school quarter. All school staff will be required to participate in the curriculum prior to it being offered to students and families. This will be so staff can have an understanding of the curriculum and support students as they go through the curriculum. Before the beginning of the curriculum for students and families, the facilitators will present at a school assembly where they will give a brief overview of the curriculum and talk about the importance of having an open conversation about mental health in schools. This will be how students become aware of the curriculum and will be how student interest is generated. There will also be flyers and sign up sheets around the school. For students, participation in the curriculum will be optional and interest-based. The curriculum will be taught in small-group settings with one-on-one sessions being offered on an as-needed basis depending on the level of support needed. A licensed social worker will be hired to provide these one-on-one sessions. In small groups, students will learn about mental health, focusing on some basic education, how to seek support, breaking down stigma and stereotypes, understanding protective and risk factors, and coping skills.

As this is an optional curriculum based on student interest, it might limit participation for students whose family culture does not align with discussing the importance of mental health education. Furthermore, some students may ask their parents to participate, but parents may not want to be involved due to their culture or beliefs. Students will be offered the opportunity to include their parents in the 'Seeking Support' module, and they will receive help in creating a plan to have this conversation with their parents and how to approach that conversation in general. After students have done this, the facilitator will set up a meeting with the parents to explain the curriculum. Another potential barrier that may limit participation is that the curriculum will not be available in languages other than English, which may be a barrier to students whose primary language is not English. Although this is a barrier in the beginning, if there is enough student interest in the curriculum and it becomes more well-known, there will be the opportunity to translate the curriculum into other languages. Consideration must also be given to the age of the students, as under RCW 71.34.530, children under 13 require parental consent to receive outpatient services. As this is an educational curriculum, students will be able to participate in the curriculum without parental consent if they decide they do not want to involve their parents. However, parental consent must be gathered if students under the age of 13 wish to participate in the one-on-one sessions.

The current political climate is also something that must be considered, as the current administration has made several claims about how they intend to change the education system. These promises include things such as abolishing the Department of Education, ensuring universal school choice, and ensuring parents have the right to know what their children are being taught. Focusing specifically on the last point, the current administration has proposed cutting funding to schools that are pushing "inappropriate racial, sexual, and political material" (Cole & Devan, 2024). This could mean that the current administration will set certain curriculum requirements that

schools must meet in order to receive federal funding. It is unclear what this could mean for the future of mental health education within school settings. However, it could be said that if schools are prohibited from educating students on racial and gender inequalities, this may enhance discrimination seen in schools and increase the need for mental health services within schools. It is also important to note that the current political climate is impacting the mental health and wellbeing of a lot of students and families. The current administration has priorities that include the deportation of illegal immigrants, which instills fear and creates an atmosphere where students may not want to reach out for support for fear of putting themselves and their family at risk. In addition, the LGBTQIA+ community has also been feeling ostracized as a lot of their rights have been questioned. The current administration has also made it clear that they do not recognize Transgender identities as a gender, and the US government only recognizes two sexes. The current political climate is important to consider as it has a large impact on schools and the ability of students to function on a day-to-day basis.

Project Goals and Outcomes:

The long-term goal of the project is that youth who experience mental health issues will have more access to knowledge and resources, will be supported by a caring and understanding environment, and will feel comfortable seeking support from adults. The curriculum first and foremost aims to educate youth, families, and school staff members on mental health in school-aged children. Beginning this conversation is the first step to promoting awareness and reducing the stigma that surrounds this topic. After implementing the curriculum, there are two outcomes that we hope to see. Outcome 1 is that school staff and family members will show an increase in knowledge and awareness of how common mental health issues manifest in school-age children and when to seek support. Outcome 2 is that there will be a decrease in the stigma surrounding the mental health of school-age children, focusing on reducing stereotypes and fostering a supportive environment.

Evaluation:

As this program will be optional, student interest will be a good way to gauge the initial success. This program is designed to promote mental health awareness and reduce stigma, and if students are interested in learning about this topic, that is the first step towards making progress. Long-term success of the program would be an improvement in school climate, students feeling more comfortable having conversations about their mental health, and staff members being more aware of the signs and symptoms.

Criteria for achieving Outcome 1 will be the achievement of Indicator 1A and 1B. Indicator 1A is that 75% of school staff report a significant increase in knowledge and ability to recognize signs of common mental health issues in school-age children. Indicator 1B is that 60% of families whose children took part in the mental health curriculum connected with resources to support the mental health needs of their child in school or out in the community. Criteria for the achievement of Outcome 2 will be the achievement of Indicator 2A and Indicator 2B. Indicator 2A is that 60% of students will report that they feel safe in their school and comfortable reaching out to a staff member. Indicator 2B is that there will be a 50% increase of students from baseline reporting that,

after completing the curriculum, they feel more comfortable talking to their parents about their mental health and feel supported when doing so.

There will be surveys used as tools of evaluation. Staff members will be given pre and post-curriculum surveys that will be used to determine how staff's understanding of mental health conditions have shifted following the completion of the curriculum. Examples of these questions include:

- How confident are you in your ability to recognize signs and symptoms of mental health conditions in school age children?
- Which of the following is a common symptom of depression?
- If you have noticed signs of mental health issues in a student, what actions would you take?

Another survey would be delivered school-wide, pre-and-post curriculum. The survey that will be used is the ED School Climate Surveys (EDSCS), which will endeavor to understand if there were any changes to the overall school climate after the curriculum is implemented. Examples of these questions include:

- At this school, students talk about the importance of understanding their own feelings and the feelings of others
- I can talk to a teacher or other adult at this school about something that is bothering me

A final survey will be delivered to students who participated in the curriculum and data will be collected pre-and-post curriculum. These questions will be based around the knowledge of students in general, the stigma surrounding mental health, and how comfortable students are in speaking with people around them. Examples of these questions include:

- What do you think is the main reason students might avoid talking about mental health issues?
- How comfortable would you feel in talking to a parent about your mental health?

In order to enhance the reliability and validity, certain steps were taken. For reliability, the curriculum facilitators and therapeutic staff will be trained to administer the pre-and-post curriculum surveys. All students will be asked the same questions with language that is easily understood. Staff members will also be asked the same questions with consistent language. In terms of validity, there will be a pilot test for questions from the surveys that are created for the purpose of this curriculum. There will also be the use of a universal school climate survey which enhances the validity.

Timeline:

The timeline for this proposed project is planned for 10 weeks. This project contains five different units, which will take approximately 2 weeks to complete each unit. If everything goes as planned, this project will start during the first six months of receiving funding to ensure that we secure a mental health provider and facilitators who are prepared to provide education surrounding mental health and who can work effectively with school staff, families, and students.

Budget

The majority of the funding we are requesting will go to personnel as we will require two facilitators and a LICSW in order to carry out the curriculum, and it is important that they are paid a competitive amount. The other costs in the budget will go to supplies, communications, equipment, and other expenses. It is important that the personnel have access to phones and computers as they will need to be in contact with families and community partners. Office supplies and printing access are important for students to be able to have copies of the curriculum and be able to do practice activities. The other expenses that have been identified are for the personnel to be able to pay for continuing education credits and take training that will allow them to stay up-to-date on best practices and new modalities. For this curriculum, we are requesting \$340,000 using a School-Based Mental Health Grant. We do not have any sources that can cover some of the proposed costs.

Capstone Annual Budget Promoting Mental Health Awareness Pilot Project						
Revenue						Notes
Individual Contributions					\$ -	
Private Grants					\$ -	
Grant 1				-		
Grant 2				-		
Government Grants					\$ 340,000	
Grant A		SBMH grant program			\$ 340,000	
Grant B						
Program Fees						
In-Kind						
Other						
TOTAL REVENUE					\$ 340,000	
Personnell Expenses						
	FTE	Hrly Wage	Annual Wages	Taxes & Benefits	Cost to Program	
Facilitators	2.0	\$ 30.00	124,800	37,440	\$ 162,240	
LICSW	1	\$ 49.00	101,920	30,576	\$ 132,496	
			-	-	\$ -	
Total Personnell Expenses					\$ 294,736	
Non-Personell Expenses						
Space					\$ -	
Communications					\$ 1,800	\$50 per month per cell phone (x3)
Supplies					\$ 300	Office supplies and printing access
Travel					\$ -	
Equipment					\$ 3,600	3 laptops at 1200
Client Support					\$ -	
General Operating					\$ -	
In-kind					\$ -	
Other Expenses					\$ 4,500	\$1,500 for each personnell for continuing education credits
Subttl Non-Personell Expenses					\$ 10,200	
Subtotal All Expenses					\$ 304,936	
Admin/Indirect Costs					\$ 30,494	10% admin
TOTAL EXPENSES					\$ 335,430	
Net Revenue (Deficit)					\$ 4,570	

References

- American Psychological Association *Children's mental health*. (2022). American Psychological Association. Retrieved December 7, 2024, from <https://www.apa.org/topics/children/mental-health>
- Cavioni, V., Zanetti, M.A., Beddia, G., Lupica Spagnolo, M. (2018). Promoting Resilience: A European Curriculum for Students, Teachers and Families. In: Wosnitza, M., Peixoto, F., Beltman, S., Mansfield, C.F. (eds) Resilience in Education. Springer, Cham. https://doi.org/10.1007/978-3-319-76690-4_18
- Center for Disease Control. (2023, March 8). *Improving access to children's mental health care*. Children's Mental Health. <https://www.cdc.gov/childrensmentalhealth/access.html>
- Cole, K. L., Devan. (2024, November 17). *What the next Trump presidency could mean for US education | CNN Politics*. CNN. <https://www.cnn.com/2024/11/17/politics/donald-trump-education-changes/index.html>
- Communities in Schools. (2022). *Home—Communities In Schools*. <https://www.communitiesinschools.org/>
- Greenberg, Mark T., et al. "Social and Emotional Learning as a Public Health Approach to Education." *The Future of Children*, vol. 27 no. 1, 2017, p. 13-32. *Project MUSE*, <https://dx.doi.org/10.1353/foc.2017.0001>
- MacGregor, S., Friesen, S., Turner, J., Domene, J. F., McMorris, C., Allan, S., Mesner,

- B., & Sumara, D. (2024). The Side Effects of Universal School-Based Mental Health Supports: An Integrative Review. *Review of Research in Education*, 48(1), 28–57. <https://doi.org/10.3102/0091732X241256628>
- Mondi, C. F., Giovanelli, A., & Reynolds, A. J. (2021). Fostering socio-emotional learning through early childhood intervention. *International Journal of Child Care and Education Policy*, 15(1), 6. <https://doi.org/10.1186/s40723-021-00084-8>
- Multi-Tiered System of Supports (MTSS). (n.d.). Retrieved November 12, 2024, from <https://ospi.k12.wa.us/student-success/support-programs/multi-tiered-system-supports-mtss>
- Rural Health Information HUB. (n.d.). *Social Cognitive Theory Model—Rural Health Promotion and Disease Prevention Toolkit*. <https://www.ruralhealthinfo.org/toolkits/health-promotion/2/theories-and-models/social-cognitive>
- Schumacher, A. (2014). Talking Circles for Adolescent Girls in an Urban High School: A Restorative Practices Program for Building Friendships and Developing Emotional Literacy Skills. *Sage Open*, 4(4), 2158244014554204. <https://doi.org/10.1177/2158244014554204>
- Sparks, S. D. (2019, September 10). *U.S. students and teachers top global peers for time spent in school in OECD study*. Education Week. <https://www.edweek.org/policy-politics/u-s-students-and-teachers-top-global-peers-for-time-spent-in-school-in-oecd-study/2019/09>
- Youth.Gov. (n.d.). *School Based Mental Health | Youth.gov*. Retrieved November

29, 2024, from <https://youth.gov/youth-topics/youth-mental-health/school-based>

World Health Organization. (n.d.). *COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide*. Retrieved December 6, 2024, from <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>

Appendix A: Data Collection Form

T SOCW 533 Data Collection Worksheet

Student Name: Paris Crispin and Kaylee McEdward

Outcome Statements and Indicators	Tools i.e., Methods of Data Collection	Data Collection Process	Cultural and Other Considerations for Evaluation
<p>Be sure to answer for each Outcome and Indicator</p> <p>Outcome 1 School staff and family members will show an increase in knowledge and awareness of how common mental health issues manifest in school-age children and when to seek support.</p> <ul style="list-style-type: none"> · Indicator A 75% of school staff report a significant increase in knowledge and ability to recognize signs of common mental health issues in school-aged children. · Indicator B 60% of families whose children took part in the mental health curriculum connected with resources to support the mental health needs of their child in school or out in the community. <p>Outcome 2 There will be a decrease in the stigma surrounding the mental health of school-age children, focusing on reducing stereotypes and fostering a supportive environment.</p>	<p>Discuss only the tools used to measure the outcomes and indicators listed on the left</p> <p>Outcome 1: Pre and post-survey that would determine how staff's understanding of health conditions has shifted following completing the curriculum.</p> <p>Pre and post-survey for students who participated in the curriculum with specific questions about how engaged their families are in their mental health needs. This survey will be created as part of the curriculum.</p>	<p>Who - The curriculum facilitator and/or trained therapeutic staff will administer anonymous surveys</p> <p>Who will be the source of your data? -Students and staff</p> <p>When – At what points in time is the data collected? - Before and after the curriculum is taught to students/staff members</p> <p>Other Details: (e.g., do you gather data on ALL program recipients/clients? If no, what is your sampling strategy?)- Anonymous surveys will be gathered from all program participants. There will be multiple surveys, one will be focused on school environment and will be administered to all students</p>	<ul style="list-style-type: none"> - Barrier: An optional curriculum based on student interest, might limit participation for students whose family culture does not align with discussing the importance of mental health education. - Barrier: not every family can access outside resources due to health care, waitlists, etc., this may be a barrier in post-survey evaluation. - Barrier: The curriculum will not be available in languages other than English which may be a barrier to students whose primary language is not English. - Consideration: Students will be taught how to broach the topic of mental health with their parents. They will be offered the option of including their parents in the curriculum and may do so themselves or ask staff to reach out to them. - Consideration: This curriculum is available for all students who

Appendix A: Continued

T SOCW 533 Data Collection Worksheet

<ul style="list-style-type: none"> - Indicator A 60% of students will report that they feel safe in their school and comfortable reaching out to a staff member. - Indicator B 50% of students will report that, after completing the curriculum, they feel more comfortable talking to their parents about their mental health and feel supported when doing so. 	<p>Outcome 2: The ED School Climate Surveys (EDSCS) will be administered pre and post-curriculum to students school-wide to determine if there are any changes to the overall school environment after the curriculum is implemented.</p> <p>Pre and post-survey for students who participated in the curriculum with specific questions about their level of comfort in discussing their mental health with their parents. This survey will be created as part of the curriculum.</p>	<p>school-wide before and after the curriculum is implemented. Another survey will target staff's understanding of mental health. A further survey will be administered solely to participants of the program.</p>	<p>would like to join, however, for one-on-one sessions, students under 13 need parental consent per RCW 71.34.530.</p>
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T SOCW 533 Data Collection Worksheet

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Appendix B: Logic Model Template

⊕ T SOCW 533 Logic Model Template

Needs Statement: School staff and families need increased knowledge and awareness of mental health challenges among children to support children and their needs effectively.						
Theory	Resources	Activities	Outputs	Outcome Statements	Outcome Indicators	Long Term Goal
<p>Social Cognitive Theory states that stigma arises from a process of exposure to negative stereotypes about mental illness thus leading to misinformation and further stigma.</p>	<p>-Trained staff</p> <p>-Funding for hiring staff with backgrounds in therapy and training them with current therapeutic modalities for school-aged children</p> <p>-Time</p> <p>-Private office space for educational and therapeutic sessions to be held</p> <p>-Curriculum facilitator to introduce the topic of mental health to the school, gather participants, and facilitate the curriculum</p>	<p>-Educate families about mental health and when to seek support</p> <p>-Educate staff about mental health and how to appropriately respond</p> <p>-Provide education to families around mental health resources and how school staff can assess needs and help with referrals</p> <p>-Providing clarity to families about their child's level of need</p>	<p># of education sessions for families</p> <p># families referred to outside resources</p> <p># of sessions with trained staff</p> <p># of staff completing required training</p>	<p>Outcome 1:</p> <p>School staff and family members will show an increase in knowledge and awareness of how common mental health conditions manifest in school-age children and when to seek support.</p> <p>Outcome 2:</p> <p>There will be a decrease in the stigma surrounding the mental health of school-aged children, focusing on reducing stereotypes and fostering a supportive environment</p>	<p>Indicator 1a.</p> <p>Indicator 1b.</p> <p>Indicator 2a.</p> <p>Indicator 2b.</p>	<p>Youth who experience mental health issues will have more access to knowledge and resources, will be supported by a caring and understanding environment, and will feel comfortable seeking support from adults and/or peers in their lives.</p>

Appendix C: Curriculum Module Outlines

Promoting Mental Health Awareness: Reducing Stigma and Supporting Children's Well-Being in Schools

Staff Unit Outline



Defining Mental Health

1. Defining Mental Health
2. Laziness vs mental health struggles
3. Common mental health conditions
- signs and symptoms
4. Anxiety
5. Depression
6. ADHD

How and When to Support Students

1. How to start the conversation
2. Who to refer students to
3. Protective and risk factors
4. Knowing students have power in what they share

Emotional Well-Being and Resilience



1. Relationship between academics and mental health
2. Implementing mindfulness and coping strategies
3. How to incorporate Social and Emotional Learning (SEL) curriculum into the classroom
4. Importance of accommodations
 - a. Flexible deadlines
 - b. Quiet spaces

Collaborating with Families

1. Connecting families with resources
 - a. Resources for students
 - b. Resources for families
2. Having appropriate conversations with families
3. The importance of home-school communication
 - a. Discussing school policies

Taking Care of Yourself While Taking Care of Others

1. Burnout and compassion fatigue
2. When to reach out to supervisors for support



Appendix C: Continued

Promoting Mental Health Awareness: Reducing Stigma and Supporting Children's Well-Being in Schools

Student Unit Outline



Defining Mental Health

1. What is mental health?
2. Common mental health conditions
- signs and symptoms
 - a. Anxiety
 - b. Depression
 - c. ADHD

Seeking Support

1. Different ways of reaching out for help
2. Why it's okay to ask for help and how it's a sign of strength
3. Practicing communication skills
4. How to find the right person to confide in



Breaking down stigma

1. Myths vs facts about mental health
 - a. Myth: psychiatric problems result from personal weakness
 - b. Myth: children grow out of mental health problems
2. Identifying common stereotypes
3. Understanding stigma and why it's harmful
4. Challenging stigmatizing language
5. Creating an open, supportive environment

Understanding Protective & Risk Factors

1. Defining protective factors and risk factors
2. Internal vs external factors
3. Recognizing triggers

Coping Skills & How to Use Them

1. Grounding techniques
2. Mindfulness
3. Breathing exercises
4. Harm reduction

Appendix C: Continued

Promoting Mental Health Awareness: Reducing Stigma and Supporting Children's Well-Being in Schools

Family Unit Outline



Defining Mental Health

1. What is mental health?
2. Common mental health conditions - signs and symptoms
 - a. Anxiety
 - b. Depression
 - c. ADHD



How to support your child

1. Age-appropriate behaviors vs warning signs
2. Navigating difficult conversations
 - a. How to approach your child
 - b. Active listening and validating
 - c. Building trust
3. Promoting positive self-care habits
4. Healthy ways to cope

Breaking down stigma

1. Myths vs facts about mental health
 - a. Myth: psychiatric problems result from personal weakness
 - b. Myth: children grow out of mental health problems
2. Identifying common stereotypes
3. Understanding stigma and why it's harmful
4. Challenging stigmatizing language
5. Creating an open and supportive environment

Collaborating with schools

1. Seeking professional help and resources
2. How to appropriately advocate for your child
3. Having difficult conversations with schools
4. Importance of home-school communication

Taking Care of yourself

1. Why parental well being is crucial for caregiving
2. Balancing personal needs with demands of supporting a child
3. Stress management and finding support networks

