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School Mental Health Services

The Effectiveness of “Inside-Out” Mental Health Services for Students



**Michigan Association**

**of School Psychologists**

**Michigan School Counselor Association**

**Michigan Association**

**of School Social Workers**

**STATEMENT OF NEED**

* In a time of “big data,” we cannot ignore the fact that one in five children in the United States suffers from mental illness. Over the past 20 years, suicide rates have nearly doubled among children between ages 10 and 14.
* A recent report by the Center for Children’s Advocacy in Hartford, Connecticut identified red flags in school records as early as kindergarten and first grade. More than 70 % of students in the sample who were diagnosed with mental illness and behavioral health problems by middle school had exhibited warning signs by second grade. Of these, almost 25 % exhibited risk factors during pre-kindergarten years. Red flags included an array of developmental and health issues, adverse social factors and exposure to trauma that had been clearly documented. Yet many of these same children, now anxious, depressed, alienated and failing in school, had been described by kindergarten teachers as engaged, social and motivated to learn.
* Like 70 % of adolescents with mental health problems, the struggles of these teenagers were often unrecognized and untreated until symptoms became too severe to ignore. Teen depression, anxiety disorders, post-traumatic stress disorders and suicidal and self-injurious behaviors began to overwhelm the potential for success.
* School is where children spend a major part of their early years. It must become a nexus for providing quality mental health services for those in need. With appropriate support, schools can bring educational, mental health and community-based resources together to address early warning signs and interrupt patterns of failure. Early screening, prevention and intervention are essential to nurture emotional and social development and avoid lifelong negative consequences of societal blind spots.  
    
  Read more: <http://thehill.com/blogs/congress-blog/education/299335-congress-must-act-now-to-address-mental-illness-in-schoolchildren#ixzz2coAjw4bU>   
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Schools offer unparalleled access to students to address both academic and mental health needs. There are large numbers of children who would not receive any mental health services were it not for their delivery in schools. Emotional and behavioral health problems represent significant

barriers to academic success and positive school climate. For example, children and adolescents with emotional disturbances (5-9% of school aged youth) have the highest failure rates, with 50% of these students dropping out of high school. In addition, children whose disruptive behavior problems are not adequately treated can negatively affect the classroom environment for all children. When students disrupt lessons in class, learning and teaching are compromised.\*

\*“Roles of school and community providers in the delivery of school based mental health services”

Prepared by Elizabeth M. Tracy & Evelyn Castro-Guillen

**INTRODUCTION**

The School Mental Health Coalition has formed with the mission to share, at the State Level, the importance of providing and maintaining the current methods for identifying and meeting student mental health needs. Currently student mental health needs are met through a process we are terming, ‘Inside-Out’ services. This term refers to Mental Health providers (School Counselors, School Social Workers and School Psychologists) are an integral part of the fabric of the school community. The Mental Health providers are staff members and district employees embedded in the school culture, allowing for quick and efficient access to students, families, teachers, administrators and community referrals.

The School Mental Health Coalition represents three distinct disciplines employed by school systems that provide School Mental Health Services including School Counselors, School Social Workers and School Psychologists. School Social Workers and Psychologists are identified in Michigan’s Public Health Code and the Michigan Mental Health Code and all three are identified in theMichigan School Code PA 451 of 1976, the Michigan Administrative Rules for Special Education (MARSE) March 2012 and the Individuals with Disabilities Education Improvement Act (IDEA). These designations recognize the ability to provide specialized services in schools as well asMental Health Services for the general public under specific licensing criteria.

The three disciplines often team together in school buildings and/or districts to offer the best of each discipline for interventions that include: developing and supporting positive learning environments; increasing knowledge of teaching staff regarding barriers to learning and interventions; providing social/emotional and mental health support and/or enhancement to students, families and staff; providing issue specific support to students, groups, families and staff; assessing and remediating learning barriers; and providing critical incident debriefings and trauma crisis counseling.

Mental health services are an integral component of Michigan’s education system. These services are analogous to the lubricant in a mechanical system. These services are notthe missionof the system, but assistand enhancethe system’s ability to achieve its mission of education. Using the wrong type or amount of “lubricant” negatively impacts the system’s functioning and, ultimately, negatively impacts the fulfillment of its mission and purpose.

Through examples, research, professional and academic references, the Coalition hopes to increase awareness of the breadth and depth of the services that school mental health providers deliver to students, families, staff and the community. The Coalition believes this increased understanding will support decision making for law makers and administrators to provide greater understanding of mental health services available to Michigan citizens and enhance transition points between agencies that provide mental health services throughout the entire continuum of services. Specifically, the Coalition will highlight how specific issues impact individual students and families while presenting:

* Effectiveness of “inside-out” mental health services
* Challenges impacting mental health services to children, families and the community
* How school mental health services “fit” in the umbrella of mental health services provided throughout Michigan, and finally
* Recommendations to improve the seamless provision of mental health services in Michigan

The School Mental Health Coalition strives to be included in discussions that will undoubtedly continue after this Commission has compiled its findings. Research demonstrates that a majority of mental health services for children and young adults occur in the school setting. Michigan is more advanced in the provision of “inside-out” mental health services in the school setting than in many other states making Michigan a leader in this area. Through improved and more frequent communication, the Coalition believes the full continuum of mental health services in Michigan can become a model for positively sustaining and improving the lives of children, families and adults.

\*Substance Abuse and Mental Health Services Administration, Community Conversations about Mental Health: Information Brief. HHS Publication No. SMA-13-4763.Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013. For data on prevalence of problems and can cite: <http://www.michigan.gov/documents/mde/NASBHC-Students_281351_7.pdf>

**STAKEHOLDERS**

School counselors, school psychologists and school social workers work together in multi-disciplinary teams to provide school-based mental health services. These services support the social-emotional, behavioral, and academic needs of students.

**School Counselors**

School counselors have a minimum of a master’s degree in school counseling. School counselor coursework includes child and adolescent development, group work, testing and assessment, career development program planning, counseling theories, techniques, and research. School counselors must also pass the Michigan School Counselor Exam.

The following description is taken from *A Framework for Safe and Successful Schools*: School counselors are generally the first school-employed mental health professionals to interact with students as they commonly are involved in the provision of universal learning supports to the whole school population. School counselors have specialized knowledge of curriculum and instruction and help screen students for the basic skills needed for successful transition from cradle to college and career. School counselors focus on helping ALL students address their academic, personal/social, and career development goals and needs by designing, implementing, and evaluating a comprehensive school counseling program that promotes and enhances student success. School counselors work to promote safe learning environments for all members of the school community and regularly monitor and respond to behavior issues that impact school climate, such as bullying, student interpersonal struggles, and student–teacher conflicts. Effective school counseling programs are a collaborative effort between the school counselor, teachers, families, and other educators to create an environment promoting student achievement, active engagement, equitable access to educational opportunities, and a rigorous curriculum for ALL students.

Michigan School Counselor Preparation Program Standards require that school counselors be trained to assist PreK-12 students in their academic, career, and personal/social development in the following areas: (These items are all areas that directly address the mental health development of students.)

1. Integrate a developmental school counseling core curriculum into the total school

curriculum;

1. Use of individual and small group counseling approaches to address issues that may

affect the development, well-being, and functioning of students;

1. Develop strategies for assisting students with emotional and behavioral problems

including knowledge of community resources and skills to make appropriate referrals;

1. Apply knowledge of crisis intervention strategies;
2. Generate and participate in school-wide initiatives as well as the facilitation of staff

development activities;

1. Advocate for all students while applying an understanding of the role of diversity and

equity issues in school counseling;

1. Engage in career development program planning, implementation, and evaluation.

8. Analyze and use data to improve student outcomes

**School Social Workers**

School social workers have master’s degrees in social work and are licensed Mental Health providers (LLMSW, LMSW) under Michigan’s Public Health Code(1). They are required to receive additional education in the areas of School Social Work Practice, Standardized Testing/ Measurements and Learning Disabilities in order to receive Michigan Department of Education (MDE) approval to practice as ***School*** Social Workers(2). School social workers enhance student success by addressing the social, emotional and mental health development of students utilizing expertise in individual, environmental, cultural and socio-economic variables that affect development. They do this through case management activities, crisis intervention, community service coordination and environmental/systemic activities. *Case management activities* involve identifying and assessing issues that may interfere with student development, learning and school success; utilizing individual, group and family interventions to address interfering issues. Intervening with high risk students and situations (mental illness, behavior/conduct disorders, severe learning disabilities, anxiety disorders, depression, self-injury, bullying, aggression, etc.) they develop functional behavior assessments and intervention plans to facilitate successful learning and socialization opportunities. They provide instruction, modeling and coaching to maximize the effectiveness of intervention strategies. *Crisis management activities* involve crisis response and intervention for acute situations and assessment, training and program development to address on-going effects of trauma, as well as, preventive systemic measures. School Social Workers serve as the vital link between school, home, community agencies and other community resources to facilitate positive academic outcomes via *community service coordination.* They work closely with students, parents, educators, community agencies and resources to provide coordinated interventions and consultation designed to keep students in school and help families access the supports needed to promote student success(3). School Social Workers impact *environmental and systemic* variables by participating on teams that collect and interpret school-wide data and develop programs and policies designed to develop positive school climates which facilitate learning success for all students. They address system wide barriers to learning to ensure that educational services are sensitive to the needs of all students.

(1) Michigan Public Health Code - Act 368 of 1978, Sec. 333.18509

(2) Michigan Register, Published pursuant to § 24.208 of The Michigan Compiled Laws;

R 340.1011 - R 340.1017, Issue No. 20— 2011; (Compiled and Published by the Office of Regulatory Reinvention)

(3) *A Framework for Safe and Successful Schools*

Taken from, *A Framework of Safe and Successful Schools*

**School Psychologists**

School psychologists have a minimum of a specialist-level degree (60 graduate semester hour minimum) in school psychology, which combines the disciplines of psychology and education. They typically have extensive knowledge of learning, motivation, behavior, childhood disabilities, assessment, evaluation, and school law. School psychologists specialize in analyzing complex student and school problems and selecting and implementing appropriate evidence-based interventions to improve outcomes at home and school. School psychologists consult with teachers and parents to provide coordinated services and supports for students struggling with learning disabilities, emotional and behavioral problems, and those experiencing anxiety, depression, emotional trauma, grief, and loss. They are regular members of school crisis teams and collaborate with school administrators and other educators to prevent and respond to crises. They have specialized training in conducting risk and threat assessments designed to identify students at-risk for harming themselves or others. School psychologists’ training in evaluation, data collection, and interpretation can help ensure that decisions made about students, the school system, and related programs and learning supports are based on appropriate evidence.

At *Tier III*, School-Based Mental Health staff work together to support intensive student needs for students who need additional interventions.

This is the level at which special education testing and services may be addressed.

At *Tier II*, students who require further individualized interventions may work more intensively with the counselor, while the counselor consults with the School Social worker and Psychologist for additional support.

At *Tier I*, all SBMH staff is available to all students, although the Counselors are typically tasked with meeting the MH needs of students at this level.

Multi-Tiered Systems of Support (MTSS)

This model of the Multi-Tiered Systems of Support (MTSS) shows how

School-Based Mental Health (SBMH) Practitioners work together to support students on a continuum of student need.

Each profession provides services in each tier. The font size represents the amount of involvement at that level (Tier I, Tier II, Tier III).

SOCIAL WORKER PSYCHOLOGIST

Counselor

*Tier I*

COUNSELOR

Social Worker

Psychologist

*Tier III*

*Tier II*

COUNSELOR

PSYCHOLOGIST  
SOCIAL WORKER

**CHALLENGES**

Child and adolescent development is a fluid and ever-changing life process. Students from preschool through high school present with a wide range of abilities, intellects, family situations, and cultural perspectives. Life circumstance, genetic disposition, geographic location, and socioeconomic status prepare a student in a unique way to learn. Additional impact occurs in the form of the level of school resources, increasing student work load and academic demand as well as increasing student to staff ratios. As these developmental, societal and academic changes occur it impacts the student’s ability to learn.

A student’s ability to benefit from their education is significantly impacted by many factors, including but not limited to mental health (e.g., Serious mental disturbance, anxiety, depression), normal development, family stressors, adequate food, sense of safety, consistency, predictability in life, coping skills, substance use/abuse, poverty, and disabilities (cognitive, physical, genetic). Below is a description of how some of these issues may impact a student’s ability to benefit from the education provided at school.

*Serious Emotional Disturbance (SED) and Stigma*

SED in children and adolescents may severely disrupt daily functioning in the home, school, and/or community. These disorders include depression, attention-deficit/hyperactivity disorder, anxiety disorders, conduct disorder, and eating disorders (Substance Abuse and Mental Health Services Administration SAMHSA). Poor mental health affects a student’s attention and concentration, increases absences from school, causes poor perception of ability, and decreases motivation due to feelings of hopelessness, disconnection or ineffectiveness. A student may be hesitant to participate in class. Student’s thoughts may be too scattered or too slow to be able to pay attention. No matter how good the methods or how smart the student, mental health issues will interfere with the learning and teaching process.

**When a student suffers from a mental illness, there is often a stigma or culture of shame and blame involved. The term “stigma” in this document refers to a cluster of negative attitudes and beliefs that result in fear or rejection of and discrimination against people with mental illnesses. This stigma often prohibits a student and his/her family from being able to identify a mental health issue and address the need when it arises. Students, families, and educators too often do not take steps towards seeking help because they do not know WHAT, WHY, or WHERE, as explained below:**

* **WHAT refers to identification. There is reluctance to recognize behavior, thoughts, or feelings that impair functioning;**
* **WHY is recognition of the causes of these behaviors, thoughts or feelings, leading to a need for appropriate referral. There may be a belief that the problems will pass or fear that it will mean the student is “crazy”.**
* **WHERE means how to locate treatment. Sometimes there is a lack of information of treatment’s availability or a fear of being blamed. There is often hesitancy to reveal personal information because of a fear of a breach of confidentiality.**

**Often the teamwork of a classroom teacher and school mental health provider can identify these issues early, allowing for prevention, intervention, and treatment. (***Sources on Stigma: “Anti-Stigma: Do you know the Facts?” Child and Adolescent Mental Health, Center for Mental Health Services;* [*www.mentalhealth.samhsa.gov/publications/allpubs/OEL99-004/default.asp*](http://www.mentalhealth.samhsa.gov/publications/allpubs/OEL99-004/default.asp)

*Also New Freedom Commission on Mental Health, “Achieving the Promise: Transforming Mental Health Care in America. Final Report. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003*.)

***Disruptive Behavior Disorders***

**Students who suffer with disruptive behavior disorders can be the most difficult students to teach. These students typically disrupt the classroom environment and the learning of others (SAMHSA). Due to the disruptive nature of the students with disruptive behavior disorders, teachers and other students become frustrated or annoyed with the behavior of the student, often alienating the student which increases the risk of further disruptive behavior, discipline problems, increased suspension, and increased risk of drop out.** These are the most difficult students to like who often need the support provided by school mental health providers who will work to identify underlying causes for the behavior and work with the system (classroom teacher, other students, and community members, family) to develop an individual behavior plan to support the student.

Traditionally the role of school is to educate according to the standards set forth. This role can optimally be achieved when all the other needs of the student are met and the student presents at school with a full stomach, a sense of being loved, knowing he/she is safe, a sense of community and trust in others. The unfortunate reality is that a very small segment of students arrives at school ready to benefit from their education. It is the role of the school mental health provider to address the gaps and needs of the students so they are available for an education.

As the need for more mental health services to students in schools has increased, the decreased school funding has greatly reduced the number of school mental health providers available to identify and treat these needs. An adequate staffing level of school-trained providers allows for improved access to school provided mental health supports.

Access to school mental health services cannot be sporadic or disconnected from the learning process. Just as children are not simply small adults, schools are not simply community clinics with blackboards. School mental health providers are specially trained in the interconnectivity among school law, school system functioning, learning, mental health, and family systems. This training ensures that mental health services are properly and effectively infused into the learning environment, supporting both instructional leaders and teachers’ abilities to provide a safe school setting and the optimum conditions for teaching and learning. No other professionals have this unique training background. \*

\*Taken from *A Framework for Safe and Successful Schools*

Even with comprehensive interventions provided by a school, sometimes students need to be referred to a clinic or private therapist for more support. While some families don’t seek help for their children due to stigma, the greater obstacle is lack of insurance or inadequate insurance. Mental health counseling is expensive and out-of-reach for some. Agencies offering reduced rates for counseling are not accessible throughout the state, and often, the families who qualify are least equipped to follow through.

Families who have insurance are sometimes limited to 10 sessions or must travel a great distance to receive the service from their insurance company’s provider, prohibiting the accessibility of counseling.

The present trend is toward increasing service provision in schools from community based providers. Pupil services staff (i.e., school mental health providers) and agency employed mental health staff are increasingly working in schools with the same students and families as clients. An important issue and general concern is how mental health providers from community/agency based programs can coordinate and engage with school personnel, such as school social workers, school psychologists, school counselors and school nurses and how school based personnel already working in a school can make the most of the clinical services being provided by outside agencies. Awareness and understanding of the roles of each discipline is a crucial first step in promoting good working relationships and better coordinated services.

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Prepared by Elizabeth M. Tracy & Evelyn Castro-Guillen

**RECOMMENDATIONS**

* Generally, the Coalition would like to increase understanding of the roles of school mental health providers in the contexts of the education system and the greater society so that problems and solutions associated with the delivery of mental health services in Michigan can be efficiently and effectively addressed in light of the total continuum of services available to Michigan’s citizens, both children and adults. Therefore, the School Mental Health Coalition respectfully requests that the State of Michigan Mental Health and Wellness Commission continues the dialogue between mental health providers and stakeholders by including school mental health providers on local, county and State mental health advisory councils.
* The Coalition would like to recommend that the amendment of the Mental Health Code to include a preamble which addresses the mission and vision of mental health services in the state and incorporate all levels of mental health services including school mental health providers.
* It would also include education for all stakeholders regarding services that exist throughout the state acknowledgement that best practice standards involve collaboration between disciplines who serve the mental health needs of children and adolescents.
* The Coalition would like to encourage the Michigan Department of Education to consider current funding streams for school mental health providers in order to best utilize those resources.
* In addition, the Coalition would like to recommend the creation of a workgroup to study the efficacy of school mental health providers to bill for services much like Special Education providers bill for services.

References

Cowan, K. C., Vaillancourt, K., Rossen, E., & Pollitt, K. (2013). A framework for safe and successful schools [Brief]. Bethesda, MD: National Association of School Psychologists.

Substance Abuse and Mental Health Services Administration <http://www.promoteacceptance.samhsa.gov/publications/school_adminsguide.aspx>

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