

Student and Parent Perspectives on Mental Health Well-Being Activities in the Minnetonka School District

William Dikel, M.D.
Consulting Child and Adolescent Psychiatrist
(612) 275-7385
dikel002@umn.edu
www.williamdikel.com

INTRODUCTION

This report represents the completion of the “Evaluation of Student and Family Well-being in the Minnetonka School District” consultation provided to the Minnetonka district in May of 2020. In order to have a clear understanding of the experiences of students and their families in regard to well-being, I recommended in-depth interviews that explored their experiences with District mental health supports and that sought feedback regarding future District activities and interventions.

I recommended interviews of elementary, middle, and high school students, and separate interviews of parents with children at these levels. The goal of the interviews was to assist the District in having an in-depth understanding of the opportunities and challenges that students and their families experienced regarding mental health and well-being.

METHODOLOGY

Interviewees included parents of elementary, middle, and high school students, as well as students who were in elementary, middle, and high school. A total of 19 interviewees provided feedback. All interviewees were encouraged to identify issues that impacted student mental health.

RECRUITING STUDENTS AND PARENTS

In order to have a broad base of information regarding the effectiveness of mental health support services from the point of view of students and their parents, it was important to recruit students who made excellent progress and students who may not have done so well despite the provision of mental health support services.

Parents and students were recruited from a variety of sources. A memo was sent to the members of the Mental Health Advisory Council requesting volunteers for this project. Mental health support staff were asked to provide names of potential student and parent interviewees.

A letter to potential Advisory Council parent interviewees noted, “I am hoping to recruit some parents to be interviewed from Mental Health Advisory Council members. I believe that you are the ideal population to interview, given your commitment to the topic of student mental health.

I am looking for members of the Council who either have a child enrolled in the Minnetonka district or have had one in the past. I need to interview some parents whose children have had direct contact with mental health support staff in the form of individual or group counseling, special education assessments and services, nursing services for medication or other issues. As tier 1 services are provided to all students, I am also interested in interviewing parents whose children have been in the district receiving general education services. Those of you who have multiple children enrolled in the district will have valuable perspectives regarding services to various age groups.

The overall reason for the interviews is to gain information that can be used to assure that the District's Well-Being Plan incorporates recommendations obtained from the recipients of the plan."

Information for other parents was also provided. A letter to potential parent interviewees noted, "The Minnetonka school district provides a wide variety of educational and mental health supports to students. In addition to the goal of academic success, the district is committed to providing opportunities for well-being of students and family members. The district's mental health support staff (school social workers, counselors, psychologists, and nurses) play a crucial role in meeting this goal.

The district's support staff, teachers and administrators have been interviewed to obtain their perspectives on methods of improving student and family well-being. The District is now seeking input from students and their parents regarding their experiences with mental health support services.

The overall reason for the interviews is to gain information that can be used to assure that the district's Well-Being Plan incorporates recommendations obtained from the recipients of the plan.

As a parent of a student who has received mental health support services, we are requesting you to participate in an interview regarding your experiences with your child's mental health support services.

The interview process should take no longer than one hour. Structured interviews will focus on the reasons for referral for support services such as individual or group counseling, the services that were provided and the effectiveness of those services. Also, we are interested in recommendations that could make student support services more effective."

The interview process was described, noting, "Questions will follow a structured interview format, with the availability of open-ended questions to allow students and their parents the opportunity to fully share their experiences with mental health support services.

Parents are to sign a permission form regarding issues of confidentiality and clarification of roles.

I am recommending that parents be present with their elementary school age child for the child interview, due to reasons of maturity and developmental stage. I believe the middle school and high school students should have the option of having parents present if they so choose to do so.

If, at any time during the interviews, the interviewee feels significantly uncomfortable talking about mental health support issues, I would recommend terminating the interview. This is not likely, but it is possible.

It shall be understood that my role in this process is to gather and summarize information as a consultant to the Minnetonka school district. There will be no doctor patient relationship in the process of consultation.”

A letter to potential student interviewees noted, “The Minnetonka school district is committed to helping students reach their goals at school, at home, and in the community. In addition to teaching staff, the district has mental health support staff including social workers, counselors, psychologists, and nurses who are available to help students successfully deal with social or emotional challenges. We are interested in assuring that these types of services are helpful to students, and we are always looking for ways to improve them. We are hoping that you will participate in a project that seeks to obtain first-hand information from students and parents who have been involved with mental health support services. In this way, we will make sure that the services provided meet the needs of students and their families.

The project will require no more than one hour of your time. You will be asked questions about your experiences with school supports and will be asked whether you have any recommendations for the district to follow that could improve services. The process will be confidential.

Thank you for considering to participate in this project.”

The initial plan was to interview 20 individuals. Due to cancellations and scheduling difficulties, the actual number was 19. This was deemed adequate for the purposes of this initial study.

The breakdown of interviewees was as follows:

- Elementary students 1
- Middle school students 2
- High school students 2
- One year post high school students 2
- Parents of elementary students 4
- Parents of middle school student 4
- Parents of high school students 3
- Parents of one year post high school students 1

Mental health characteristics ranged from students who had no mental health diagnosis to students who have been hospitalized, been in partial hospital treatment, day treatment and/or outpatient care provided by mental health professionals. Diagnoses included ADHD, generalized anxiety disorder, post-traumatic stress disorder, panic disorder and depression.

The mental health issues identified in this report were a direct reflection of the interviewees’ concerns. There is no doubt many other concerns that would be identified with a larger sample size of students and parents, but even the small sample size of this

project generated numerous issues. The quoted responses were edited for clarity and reflect the essential concerns of the students and parents.

HOW MANY INTERVIEWEES IS ENOUGH?

The goal of this project was to obtain feedback from students and parents regarding the key issues affecting mental health well-being in the district. In general, interviewees brought up issues that did not overlap issues brought up by other interviewees. This indicates that the sample size of 19 interviewees was too small to identify all pertinent issues in the district affecting student mental health. However, the goal of this project was not to identify all possible issues, but rather was to obtain a representative sample of responses that would shed light on methods of obtaining feedback that could be efficiently generalized to larger populations. Therefore, in my opinion, 19 interviewees were sufficient to meet that goal. Alternative methods of obtaining feedback are discussed later in this report.

FEEDBACK FROM INTERVIEWEES

Feedback from interviewees' in-depth interviews that seek to identify areas of concern regarding student mental health support services can result in an excessive focus on systemic problems. Instead, feedback from parents and students was generally very positive regarding their experiences with mental health support staff, teachers, and administrators. Interviewees frequently spoke very highly of school staff and their commitment to the welfare of students who suffered from mental health difficulties. Numerous examples of this are scattered throughout this report.

INTERVIEW PROCESS

The interview questions for students and parents were based on a combination of structured interviews and open-ended questions. Please refer to Appendix 1 for the student structured interviews and Appendix 2 for the parent structured interviews. Additionally, some questions also stemmed from a list of items (Appendix 3) suggested by members of the Mental Health Advisory Council.

ISSUES IDENTIFIED

Communication and Coordination of Services

A major topic brought up by numerous interviewees was the issue of communication and coordination of services. The key issues are described here, mostly with direct quotes from interviewees.

Communication and Coordination of Mental Health Information

A parent of an elementary student expressed concerns about the lack of communication between the school counselor and her daughter's teacher. She said that if there were

problems that the teacher noticed, she would expect that the teacher would communicate this not only to the parent, but also to the counselor who has been seeing the student on a regular basis.

She noted “I have talked to both parties, the teacher and the counselor. I'm telling the counselor, “This is what I'm hearing from his teacher. These are things that have been a problem. These are things that I want you to talk about this week.” Then I'm having conversations with the teacher and I'm saying, “We're talking to the counselor about our son's interrupting and waiting his turn.” We should all be talking to each other; there's a triangle there; there's the teacher, there's the counselor, there's the parent. I just would think it would be nice to close that triangle. There should be some communication between the teacher and the counselor.

A parent of a student in middle school noted, “Well, I think in my opinion, the biggest issue was that we went from having one source of communication, being his classroom teacher in fifth grade to now having seven teachers who we don't really connect or contact with because they have a million students and they're doing their job and they don't have our son in their class all day like his elementary school did. And there wasn't somebody that was like spearheading making sure that he got what he needed. I found a person who can look out for him and advocate for him. And that was Margaret MacDonald at the middle school. And she is in charge of the gifted program there.

Now, I have a go to person who actually knows my son, and then she disseminates and touches base with his all of his teachers. I know they all get the 504 plan, but do they read it? Do they know what that means for him? And are they just relying on him to say, “Oh, hey, I'm really distracted right now with testing in the classroom, can I go to the testing center?” That's not something that he's going to ever do right now. He's not a good self-advocate.”

These parent responses indicate the need to assure that a point person is available to coordinate educational services for students who have mental health needs. In the Minnetonka district, school counselors or in the point person role.

Communication with Treating Professionals

The issue of communication with treating professionals (E.g., therapists from mental health clinics) was a major concern. A parent of a child in elementary school expressed concern about the lack of communication between school personnel and her child's therapist in the community. She noted, “The school was doing their thing and the mental health and medical people were doing their thing, but there was no communication between them. I was supposed to be the person to do the communication between the two. I mean, it would be really nice if there were, like case managers that that helped coordinate this kind of stuff. I mean, I've made it nearly a full-time job, I think, to try to help my son and to coordinate all this stuff.”

A parent of a child in middle school noted, "You know, so the therapist could have said, "I would like your permission to communicate with the school, let them know that I'm seeing your daughter for therapy and these are things to be aware of." The therapist didn't do that, not until after the crisis happened. So simultaneously she was seeing a therapist every other week and she was seeing a counselor at school, but neither of them were talking to the other."

It is important to note that, in general, schools are only aware of students' mental health information when parents are willing to disclose this with school staff. It is important for school professionals to communicate to parents that the privacy of this information will be maintained by the school. As noted in my initial consultation, if private information such as mental health information is requested, a Tennessee warning needs to be given by district staff.

I would recommend that releases of information be routinely requested from parents to allow communication between school staff, treating professionals and parents. This process is especially important when medications are being prescribed. Therefore, in my initial report, I noted "I would recommend that an effort be made to obtain a release of information and to communicate directly with the treating mental health or medical professional in situations where special education is being considered due to symptoms which are identical to those that are the criteria for a mental health disorder such as ADHD, when the student is taking medication for those symptoms."

Communication from School Staff Regarding Counseling Activities

A parent of a middle school child noted that she was unaware that her child was being seen regularly by the school counselor prior to a crisis in which she required hospitalization. She noted that, if she had been aware of this fact, it was possible that communication between the parent, school counselor and therapist might have averted the crisis.

She noted, "She was in a couple of support groups at school that she didn't tell me about and that I had found out about after the fact. But I think maybe if your child is reaching out in those ways and they maybe aren't very forthcoming at home, to know about that as a parent might be helpful.

But there was along with that, she would go to see the counselor sometimes during that time. So just those things would have probably been helpful, especially because after the fact, I found out that she was hanging out with different groups, kids, and stuff like that, that I just I didn't know at school during school time. I think it's just helpful to have an all-around picture of what's going on in your kid's head. She was having a lot of issues around her identity. And that would have been a red flag for me just to kind of keep a close eye on her.

I have to consent to every other thing at school, like I have to consent for ski club. And just for her to play chess, I have to sign waivers. So, it's a bit of a dichotomy where you assume you're going to hear everything that your child is going to be involved in. The individual therapist was in contact with the school counselor only after the crisis happened.

I would argue that when my kid gets sex ed, which is very basic sex ed, I get like three emails on it. So why wouldn't I also be notified about all these other groups? Like there are some kids who aren't in not great situations where their parents are not accepting. And that could maybe be dealt with in a different way, like it's not that they're getting permission to attend this, it's just making you aware that they're attending it.

So, I think that having that counselor to communicate back to the teachers like, 'Hey, she is on Prozac now. You might see that she's sleepy. If you notice these things, please let the counselor know so that they can let me know.' All of those things really fell into place really nicely. But it wasn't until her crisis that it happened. And I do wonder if those things had happened before, could we have prevented the crisis?"

In my opinion, it is reasonable for mental health support staff to communicate to parents regarding direct mental health support services including meetings with counselors.

Communication from Special Education Case Managers to Parents

A parent of a child in elementary school noted that she had experienced excellent case management, as well as case management that was problematic. Regarding the problematic management, she noted, "Her previous case manager I mean, here is just one example: I scheduled a time with her for a conference and she didn't show up, and then she also did not attend my conference with the teacher. And I just I just never heard from her. So, it was almost a complete lack of communication."

She noted, regarding her child's present case manager: "Within the first day of school, within the first hour, I received an email from the case manager saying, 'Hey, I just wanted to let you know that I stopped by and checked in. Everything is going well. I'll let you know if anything comes up.' And as a parent, that was just incredibly reassuring. And that gave me the confidence as a parent to know that there was somebody at the school also looking out for my kid.

She reached out to just set up an intro and to get to know us and who we are. And so, again, that showed me her level of engagement and that she cares and that she wants to get to know each other. And then she participated in our conference with his teacher. She participated in his conference and gave some feedback on how things were going and what she sees in group and how she could work with the teacher on certain things. And I think so that relationship between the case manager and the teacher is important.

I mean, I don't need more. It's maybe a five-minute email once a month. I guess if there's something really good or really bad that happens, obviously it might need to be more

often than that. But I just think hearing how things are going, you kind of assume no news is good news.

I guess if something really bad was going on. I would probably know about it. But it's also nice just to get those interim check ins. So maybe once a month, a quick touch base on either a 30-minute call or a quick email like, 'Hey, just wanted to let you know this is how things are progressing.'"

I would recommend assuring that clearly defined protocols for communication by case managers to parents be identified. If there are problems with this process, parents should be encouraged to express their concerns in order to rectify the situation.

Transition Communication from Old Teacher to New

A parent of an elementary school child noted the importance of communicating to new teachers about what interventions have been successful in the past. She said, "I can tell you at the beginning of the year, I've always made an effort to connect the teacher from the prior year with the new teacher because throughout the year they've learned what works and what doesn't work and how to maximize his productivity in the classroom. So, I've always tried to make that initial connection between the old teacher and the new teacher, and that has helped. I think we need to facilitate the transition of knowledge. What does that entail? It might be a little thing like over time, the teacher learned that a student is going to be more productive if he's sitting in the front of the class by the teacher. Or he's going to act out less if he's seated around girls than he is around boys because then he's not as easily wound up. Or he needs to step away from the small group and have his own space at times. Just kind of like understanding what works, specifically what he needs to be successful.

As soon as I find out who my new teacher is, I send an email to the old teacher and say, 'Hey, would you mind sending an email to his new teacher to let her know what worked well for my daughter last year?'

It's a struggle. And it's like I don't want to create any preconceived notion that she's going to have a problem, but yet I want the teacher to know enough about her to know what works."

I would recommend that District staff facilitate a process of documentation and communication of pertinent issues identified by students' previous teachers that will ease the transition to a new grade. For students who have not had problems, this can be communicated as well.

Transitioning from Elementary to Middle or Middle to High School

Transitioning from elementary to middle school or middle school to high school can be highly problematic for vulnerable students. A parent of a child in middle school noted, "I think it's probably rough for most kids going from elementary school to middle school

where you have a whole lot more independence and a lot more responsibility. We also went from having one teacher to having multiple teachers.”

A parent of a high school student noted, “If I'm a parent, and I have a kid who's been hospitalized with anxiety and depression, everybody knows the transition into high school is stressful. I should get ahead of the curve rather than be reactive. I should have tried to have a meeting in May with the high school counselor that assured that my daughter was going to have to have a landing place with a person who she could contact.”

As noted above regarding grade transitions, transitions between elementary, middle, and high school require optimal communication for students who have mental health issues.

Transition to College

A parent of a student who is in the first year of college reported a successful transition to college after receiving what she considered to be excellent services in the Minnetonka school district. She noted, “I think Minnetonka did a really fabulous job of giving him the skills that he needed to be able to go on to college and not need an IEP. He had a lot of classes about how to advocate for himself. He had classes about organizing his time using a planner because of his problem with executive functioning skills. He knows that he is eligible for an IEP in college, but he really feels like, you know, through the guidance of people like his high school counselor, that he really is able to do it himself. And he's on the dean's list in college.”

In my initial report I made recommendations regarding the most recent data from the Minnetonka District indicating that college persistence, defined as graduating within six years, is approximately 60%. I recommended that the District conduct a prospective study to determine the contributing factors that increase college persistence and the factors that contribute to lack of persistence. An analysis of these issues could lead to identification of and interventions for high school students who are at risk of not persisting in college. This could lead to increasing success and improved self-worth and well-being for a significant percentage of students in the District.

Mental Health Coordination

A parent of a high school student noted, “Number one on my list is to have a mental health coordinator K through 12, not only just for helping parents, but also coordinating what goes on kind of scope and sequence wise through their transition years.”

Please refer to my initial report for recommendations regarding my proposed job description of a District mental health coordinator.

Student and Parent Awareness of Mental Health Resources

Several interviewees noted that they had received excellent mental health supports, but that they had had difficulty identifying community and school resources that were available to students and families.

A parent of a high school student noted ““I didn't know about Pacer, and I didn't know about Hennepin County supports such as County case management.”

Another parent of a high school student noted “So if there was some way that there could be more specific places that have been successful in the past or names of people, you know, I don't know if that's possible. But, gosh, if we didn't have to go to the fourth therapist to find a connection, it would have been really great, you know?”

Another parent of a high school student noted, “When it came time to put our plans together, whether it be a 504 plan or an IEP, I felt really disadvantaged because I had no idea about the process. Once that process started, I felt supported in that the people who were on the team had good ideas.”

A parent of another high school student said, “When I first got hooked up with the people from Carver County Mental Health, the only reason why I had that phone number was because for some reason, I hung on to that trifold brochure that one of the nurses gave me.”

A high school student said, “I think continuing to try to get students involved in the process of improving mental health services and just awareness is important because there's a lot of stuff going on behind the scenes of assessing the mental health services. And there's a couple like mental health advisory boards. And the students have, like, no idea about it.”

Another high school student noted, “There are definitely parts of the mental health support system at our school that I don't think are advertised well enough, like we have a panic room at our school. So, if you're having a panic attack instead of just like going to the bathroom, this room has like dim lights and you can just sit there until you feel better. No one knows about it. The only reason I knew about it was because we were going to redecorate it for Legacy. I think there are resources like that that can be really helpful that maybe just like aren't advertised for all the students.”

It is my understanding that there already are sources of information in the District regarding available mental health and educational services. Unfortunately, for the individuals who I interviewed, there was a problem accessing this information. Increasing awareness of mental health resources for students and families and exploring methods of expanding access to information would be useful goals, in my opinion.

As access to mental health treatment resources is a high priority for families, in my initial report I recommended “that the Minnetonka District explore all available options for the expansion of accessible mental health services in the District.”

I recommended expansion of partnerships between mental health clinics and the school district, with services available to children, adolescents, and adults, including both family therapy and individual treatment as indicated.

I recommended that the District set a goal of having enough co-located clinicians to provide services to at-risk and high-risk students, with no, or a very short, waiting list.

I recommended that LCTS funding should go to supporting direct services for at-risk and high-risk students and recommended consideration of large grants going to increasing the availability of on-site, co-located diagnostic and treatment services.

504 Coordination

A parent of a middle school child noted, "There is a 504 coordinator at his school, and I met with her at the beginning of each year, but she does not teach my child. She does not see him in the classroom. So, I think there's a disconnect between her having the information and disseminating it to the teachers. I think there needs to be a teacher who is in charge of my son's team who is keeping an eye on things and who is an advocate for him.

My son was asked to pick a teacher that he felt safe and comfortable with, who could kind of be his touch person. He chose his math teacher. And so, his math teacher met with him online once a week. And sometimes it was, "Hey, what art projects are you working on this week? What are you doing fun at your house?" It might be "Hey, I'm noticing your homework's getting a little behind. Let's make a plan."

My understanding is the 504 accommodations didn't happen because they were waiting for my son to ask for them. He didn't ask to go to the testing station and didn't ask to have preferential seating. He is not going to ask for that. That's why it's in the plan.

Some teachers didn't even think that he really had any kind of learning differences and they saw it as more of a willful behavioral thing.

I think that some of his teachers expected that if he wasn't getting his needs met, that he would ask for them. But that is not what he typically does. Self-advocacy has always been an issue. He doesn't believe that he has any right to ask teachers for things. He has an expectation of himself that he should know everything, and he should just do it and that he shouldn't have to ask the teachers for anything. It's important to have a point person on his team. I think it needs to be one of the teachers who can keep an eye on things and be the point person for the parents so that the parents aren't communicating with seven different teachers. I don't know if that's doable, I don't work in the school system, it is an extra support, but I believe that these kids need that.

And I saw with my son, it made all the difference when he had looked forward to those times where he connected with his math teacher during COVID in the spring. He looked forward to those meetings and she got to know him as a person. She listened to his many

different interests that he has, and she also supported him in his academics. And before that, he didn't have a person. I think every kid needs a person. And so, I think that that could be a big game changer right there. A point person would be a teacher, somebody that the child has some kind of an affinity for and an ability to connect with them on some level as a person, not as their disability, but as a person."

A parent of a high school student noted, "My daughter was a pretty typical kid, I'd say, through middle school, and then in her freshman year, the wheels started falling off the cart. So, where she was formerly a straight A student, she basically started sort of checking out. In the end, she was just not doing homework, and failing things. She started doing self-harm. She was on medication for depression, ADHD, and anxiety.

We were told over and over and over again through the high school to go to the counselor first, always go to the counselor first.

She failed some classes. So, I asked the counselor about getting some other help for her. He really discouraged us from doing any type of 504 plan because she was successful in some of her classes where she was invested and then she's just not in others.

But on my own, I found a place over the summer and I got a full evaluation done with our own insurance. Just for us, because we felt like we needed more information and we needed to figure out how to help her. And if that gave us some information, we would be able to use it. So, we did that through a group called Psychology Consultation Specialists and did the whole thing and got formal diagnosis. And one of their recommendations from that was to get her a 504 plan. So, I took that whole big evaluation, and I requested a 504 plan through school, and we did get one this fall. That allows her to have some extra time; she does get anxious. Well, first of all, she gave us the formal diagnosis of depression, anxiety and ADHD.

She's got executive functioning issues. She has poor organization. She doesn't know how to plan beyond her nose. But part of that was test anxiety running out of time. So that's one of the things the 504 plan will allow her is just extended time. It will allow her different platforms, different avenues. She if teachers build relationships with her and teachers connect with her, she is much more likely to be successful in school. So that has been a positive for us. So the 504 plan has been a positive.

I mean, does the school counselor have the capability to give some surveys and connect them back to other services? This is an interesting question because I did feel like we were kind of left hanging and I just took it upon myself to find another place to do another evaluation. Maybe the counselor could have worked with her to rule out whether this was a bigger problem that could use some mental health services.

So now if I ask the counselor to support me in some way by meeting with her, he is willing to do that by checking in for whatever reason. And in fact, this year we ran into a problem with a teacher when my daughter was failing her class. I went to the counselor and the 504 person, and they have worked to change her class.

So that came from the counselor who said he didn't think we had the needs and the qualifications. I question that, given that once I had this big fat report in my hands, it happened very quickly.

Now my daughter has a new 504 coordinator who has been fabulous. She is wonderful and she has been prompt and she provided me the paperwork to request for that evaluation through the school, which I filled out promptly. If there are conflicts with the teacher, there's somebody that can go to bat for her and hopefully help the teacher understand the disability issues. Yes, she is a go to person. And as soon as that 504 plan was in place, she contacted each of my daughter's teachers to let them know she had the plan. And what that meant, the expectation was for the teachers and how they might need to accommodate her."

Based on the above information, I would recommend:

- Assure that students on 504 plans have a point person who can coordinate information from teachers.
- Make sure that accommodations on 504 plans are likely to be followed by students who may have difficulty in self advocacy.
- Assure that there is clarity regarding the threshold for 504 evaluations in students who have mental health disabilities.

Schedule Conflicts

A parent of an elementary school student noted, "We struggled a little bit last year in pushing to get our daughter into counseling. The teacher struggled a little bit with allowing her to miss some of the curriculum that she was going to miss during the week because she was going once a week. But our thought was if she's dysregulated or if she is bored or she's showing emotions that she's not managing, how is she going to even learn the curriculum? Even if she's physically present, she's not going to be able to learn. That's why we give her the tools to be able to manage herself. Then she'll be able to access the curriculum more."

A parent of a middle school child noted, "I thought it was important to get to know the school counselor, but it didn't sound like there was an opportunity like our son had in elementary school where he could have a regular check in. I was comparing it to elementary school, and I thought if he could have a 15-minute touch base once a week, that would be really ideal. But it didn't sound like there was time in his schedule to be able to do that.

Also, if you're in the study lab because you have impulsivity issues or focus issues, then you have to forgo gym class. So, I felt that he needed to be in study skills because of his executive functioning, but by being in study skills, he couldn't move his body and be physical in gym class. He couldn't have both. And I thought that was very counterproductive that kids who can't sit still are not able to have gym class.

So, in looking at schedules for kids who have some of the struggles that our son does, I think somebody needs to be looking at the overall picture. Like if these kids need study skills, I'm going to go out on a limb and say that most of them probably also need gym.

The scheduling issue related to not being able to see a counselor yet on a regular basis. They said that he could ask to come down at any point in time. Again, this is a kid who's not going to advocate for himself. He's not going to go up to his teacher and say, teacher, can I go see the school counselor?"

A middle school student noted, "The study lab had an extra hour of work time. We watched some video there of how to keep focusing, and I think it helped me a little bit, but overall, I don't think it was worth me missing out on gym."

I would recommend identifying whether there is the possibility of flexibility in situations where students with mental health needs require a number of resources that may cause schedule conflicts.

Coordination with County Services

There is a perception that County services (mental health case management and crisis services) are underutilized in many school districts. A parent of a high school student described how coordination with County crisis services was very helpful. She noted, "Our daughter had an E.R. visit at that critical point at the end of eighth grade where the school called me and then I called the pediatrician. The pediatrician said to go directly to the E.R. and the crisis people met us there. And then they gave us their information. A few days later when she was feeling really low again, we called them and one of their crisis counselors talked to her a number of times during the course of the day and was able to then get me on the phone and say that she needed to go back to the hospital.

In another instance, when she was at the high school, she sought out a counselor. She was starting to have some self-harm and suicidal ideation. The school called me to go pick her up. I was pretty emotional and distraught. And on the way there to pick her up, I called the crisis hotline to get some guidance and support. And somebody met us at the house from Carver County and was able to meet with her and her dad that afternoon to kind of talk things through. The crisis people were so helpful."

I would recommend increasing awareness of the availability of County services for mental health collaboration and encouraging coordination between County mental health and crisis services, parents, and school personnel. In my initial report, I recommended expanding the amount of County case management services for students who clearly are in need of these services.

504 Plans, Special Education and Mental Health

A student in middle school noted, “My 504 plan allows me to have alternative submissions, like if I’m understanding the material I can submit a voice recording or something, or I could do half of the questions on the homework. Getting a 504 plan definitely helps me with my anxiety and depression. It helps a lot. In Google Meets when they want everybody to turn the camera on, I don’t need to. That help me with my anxiety about public speaking.”

A high school student noted, “Well, I think it’s like if I need to take a break or I need to move a lot, I have to be fidgeting or doing something. I normally have music on in the background for most classes. Like, that’s the good part for me. I like that about the online that I can always have my music on.

I’m very anxious about going back to school. I’m really worried about my classes and I get anxious in big places or places with a lot of people, and Minnetonka is packed. I have some friends in middle school. They could leave a few minutes early for their classes. I think that was on their 504 plan. I think it would help me too.”

A parent of a high school student described the challenges of assuring that accommodations or modifications don’t interfere with issues of personal responsibility. She said, “Given the sheer number of hours that my daughter has been out of school, out of the educational setting, I am always shocked at the fact that she’s still on track for graduation. Does that make sense there since we work with her on attendance and natural consequences? And the school was so quick to dismiss absences or late work or anything, it was almost running counter to her therapy.”

The students quoted above provide examples of accommodations that were helpful, given their mental health difficulties. I would note that, for many students who have mental health symptoms that impact their education, there is a delicate balance in ensuring helpful accommodations and/or modifications while still expecting accountability. Addressing these concerns or a key component of designing and implementing effective interventions.

Identifying Students in Need of Mental Health Services

Several interviewees discussed issues related to students who had mental health problems but who were not receiving any mental health services. They felt this was due to a variety of factors. One factor appears to be the fact that some students might prefer initially talking with peers rather than school staff.

For example, a parent of a high school student noted, “Having a peer-to-peer support program, where they open up to their friends would be helpful.”

A high school student said, “Currently, what it’s looking like is students are going to be some of the ones who reach out to other students instead of adults because students are

way more inclined to open up to other students than they are to adults. A big part of how I overcame it in the first place was talking to others about it and realizing that I wasn't alone in my fear and that other people were struggling with it, too. That really helped me see that I have to be there for other people who are going through this and I have to help them." She recommended encouraging the process of peer support including utilizing existing programs such as Tonka Cares.

Another high school student said, "I've never heard a student talk about their experience using the school resources." She noted that students would be much more likely to initially talk to a peer and then might talk to an adult after they have had an initial discussion with a peer support person.

In my opinion, it is worthwhile to explore the feasibility of encouraging students to talk to their peers about mental health symptoms, with the goal of connecting them to appropriate resources. However, this could be highly problematic if not developed with proper boundaries, awareness of liability, need for more training, etc. I would recommend that the District explore this issue in the larger context of raising awareness of mental health issues and identifying methods of encouraging students to address these issues. This issue is crucial, and in my opinion will require study and analysis in order to incorporate it into the District's overall mental health plan.

In my initial consultation I made the following recommendations regarding identification of mental health problems: "I would recommend that the Student Survey in depth analysis results be communicated to District educators, social workers, counselors, psychologists and nurses.

Given the prevalence of evidence of mental health disorders in Minnetonka students, I recommended asking students about problems such as anxiety and depression, to be done by school counselors, social workers, psychologists, and nurses. I noted that students would need to be informed that providing such information is purely voluntary. I recommended that questions be taken directly from the Minnesota Student Survey and be a combination of questions about risk factors and questions about experiencing symptoms such as generalized anxiety, feeling depressed most of the time, suicidal thoughts, and suicidal behaviors. I suggested that this be done at the initial appointments with counselors. I recommended that the mental health support staff take part in the process of creating a protocol for questioning students about symptoms that suggest a lack of well-being. I noted that asking students about symptoms needs to be done in a very sensitive manner, but if done correctly, can result in interventions that improve well-being and that can save lives.

I also noted, "As Minnesota rules mandate that students are not to be placed in the EBD category if the primary source of the problem is substance use, I would recommend screening for chemical health issues."

Regarding points of entry for students with mental health problems, I recommended expanding the point of entry model to include the option of using nursing services as an alternative entryway.

Overlooking Quiet Kids

A parent of a high school student noted, "I think one thing that I'm learning about mental health issues is if kids are sitting in class doing nothing or just not turning stuff in, but not being an outward problem to others, I think they get less attention. And my daughter had a history of being a compliant, quiet kid, always a shy kid. So, then all of a sudden, she became a non-compliant but quiet kid who just wasn't getting the work done any more. And I just feel like there was some question, too, about, was she just being a stupid teenager? We need to have empathy and to understand that this could be bigger than just a kid who's not doing well in school."

Research indicates that acting out students are much more likely to be identified as having mental health problems than are internalizing students suffering from anxiety and or depression. The Minnesota Student Survey indicates that the latter group is very prevalent, especially in the high school population. Many teachers are not aware that students who are doing poorly in their class may have done well in the previous year. In addition to awareness raising activities regarding identification of students with mental health problems, data analysis could be helpful in this regard as well. For example, a request for data that identifies students who have significant falling grades at times of transition could help identify this vulnerable student population. Some students do not have falling grades despite significant anxiety and depression, but for those who do, this would be another tool in the toolbox that could help at-risk students.

Stigma

The topic of mental health continues to carry significant stigma, which interferes with students' willingness to talk about their mental health problems.

A high school student noted regarding stigma, "A good way to help students' mental health could be to advertise Tonka Cares during their meeting with counselors in ninth grade. Students would learn that we do work closely with the counselors. They can advertise, 'Hey, Tonka Cares is this organization, you can go check out their Web page, it's a bunch of students who really care about you and have been through their own stuff.'"

The District is already making significant progress in the area of stigma reduction. There are many resources available on the Internet on this topic. Children's Health "5 ways to end mental health stigma" (<https://www.childrens.com/health-wellness/5-ways-to-end-mental-health-stigma>) is a good example.

Communicating About Problems Before They Become Severe

A parent of an elementary school child noted that teachers shouldn't wait until problems are severe before communicating to parents. She said, "My son's teacher recognized that some of his behaviors were driven by anxiety. She knew how to deal with this, and she was able to manage him extremely well. But I was never really notified because it wasn't an issue for her, because she knew what it was and she knew how to deal with it."

Part of me wishes that I would have known about what was going on, because I got to this conference and I had to specifically ask, “So you're telling me everything's great? Is it really great? Are there no issues because we're struggling at home with X, Y and Z?” And she said, “Well, now that you mention it, yes, I do see that here, but. this is what I do to manage it.”

So, it wasn't disrupting her class to the point where she flagged it with me, but as a parent, I would like to know about that because that was when we started him on an SSRI antidepressant. And I was really struggling with it at home and having a hard time believing that everything was really great at school. So I just I would encourage the teachers to make sure that they are communicating about what's going on, even if it's not dramatically disrupting the classroom. This would help me as a parent who is trying to manage the mental health of my child. I want to know everything because I want to be able to make any tweaks that I need to help him.”

I would agree with this parent, and would note that, in addition to raising awareness of mental health issues in students, the threshold for communication about these symptoms to parents needs to be at the “at risk stage” of problem development. Some teachers may feel that talking about students’ problems may reflect poorly upon their teaching abilities. This is clearly not the case. I would recommend addressing this issue directly as part of overall mental health training for school staff.

Mental Health Education

Several interviewees noted the importance of teaching students, families and school staff about mental health issues that affect students.

Increasing Mental Health Awareness

A parent of a middle school child recommended that the district increase the amount of education regarding how to intervene in situations where students have mental health issues.

She noted, “The district has vaping campaigns and anti-bullying campaigns that the whole school is involved in. I think it would be helpful to have something like that about general mental health and wellness. Self-injury should probably be addressed. Potential student support services that would help everybody would be to do more teaching regarding self-management, relaxation, mindfulness, coping with stress, etc.”

A parent of a high school student noted, “I think continuing education about mental health is good, because I think the more you hear it and the more there's maybe specific examples, it might ring true for you with a student in your classroom. So, I think like once in a year and then not going back to it for three to five years is not OK, because I think there's new developments in the field. Now, right now, during the pandemic, I think there are a lot of kids are struggling, and so it's a perfect time to talk about mental health.”

A high school student suggested using posters to increase mental health awareness. She noted that they could say things like, “You matter. We care about you. We want to connect with you. We want to hear about your struggles. We’re here to help.” She said, “I think we need more of positive posters and less of the dark black posters of a teen on a bench with their head in their hands, with statistics all over the page. That's not helping any of our students.”

A high school student said, “Teach people who have the power, how to respect people who don't have power and how to help people who don't have power. So, for example, teachers and principals can help each other realize how important it is that students have a voice.”

In my opinion, mental health issues are best addressed from a public health approach, similar to how medical problems are addressed. School districts tend to have medical plans for students who have asthma, diabetes, etc. They tend to not have mental health plans that direct interventions for students with anxiety, depression, etc.

Thus, one of the key items of a District mental health plan needs to be raising awareness of mental health issues for all students, especially those who are at-risk or high-risk individuals. I would fully support increasing educational opportunities for understanding student mental health issues, and for expanding awareness in all school activities that impact mental health.

Role of the Student Council in Increasing Mental Health Awareness

A high school student expressed her opinion that the student council is not adequately focused on student mental health issues. She noted, “It focuses more on our proms and our fundraisers than it does our students, and it needs to focus more on our students.” She said that this should include a focus on students who have mental health difficulties.

This is an excellent example of an opportunity for student involvement in promoting mental health awareness raising. In my opinion, student councils are an excellent venue for addressing student mental health issues.

Health Class and Mental Health Curriculum

A parent of a high school student said, “I think mental health literacy needs to start earlier in Minnetonka schools. While my daughter was going through all this I would ask her what she was learning in her Health curriculum. And very little was talked about. I mean, it was kind of brushed over.”

A parent of another high school student agreed, noting, “mental health literacy or education needs to start earlier in the Minnetonka schools.”

A parent of a high school student noted, “When I talked to my girls last night, they had some frustrations with the Health curriculum and the discussion of mental health and how

to deal with mental health issues. So, their experience is that the health curriculum, this is their perspective, would say if you're feeling anxious or you're feeling depressed, what you really need to do is unplug from social media and go outside and go for a walk. And that will take care of your problems and make you feel a lot better.

And they tell me this over and over again. Like all they say is that you just need to stop looking at Instagram and stop looking at your phone so much and go outside and go for a walk. Sometimes doing those things are good suggestions, but sometimes it's not enough. We don't talk about clinical depression or possibly needing therapy or medication or anything like that. That's just it. They don't go into that.

So, things like therapy are oftentimes helpful. And how would you talk to your parents about, like, wanting to talk to a therapist or what if you go for your walk or whatever and you feel just so low you don't want to get out of bed in the morning? Well, maybe there is some brain chemistry going on there that's off and maybe you need to talk to somebody else. And maybe there are different kinds of medications for different people that can help you be feeling better again. And they feel like that is really overlooked, like it is very much founded on this, you know, social media and get fresh air and exercise and eat well, which is all good stuff.

But it's not enough, and a lot of kids are experiencing more intense feelings and symptoms. And you need to say that those are real and how you how you can access services if you're feeling that way and how they can help you. But it's not enough, and a lot of kids are experiencing more intense feelings and symptoms. And you need to say that those are real and how you how you access services for if you're feeling that way and how they can help you.”

A high school student agreed, noting, “mental health literacy needs to start earlier in the Minnetonka schools.”

I would wholeheartedly agree with these opinions. In my well-being report, I made several recommendations regarding student curriculum for mental health. I recommended expanding the topic of parenting in the Health curriculum. I noted that increased exposure to the topic of child rearing can raise students' awareness of their future potential to effectively parent children, as well as being more receptive to understanding the issues that their own parents face in parenting them.

I recommended expanding mental health curriculum to be a higher percentage of health curriculum (25%) than it is now (10%). This recommendation was based on the pervasiveness of mental health disorders in middle and high school students, and the need for education to assist them and their peers in seeking help when needed. I recommended that health class be offered in eighth grade, given the needs of eighth grade students to understand their physical and mental health. I also recommended that all sixth and seventh graders be able to take health class. I recommended that the topic of suicide be discussed in middle school as well as in high school. I noted that expanding the amount of health class availability in high school would also be helpful in empowering

students with the knowledge that they need in order to live a healthy lifestyle and to attain the goal of well-being.

Mental Health Training for Teachers

Many parents and students felt that this was a very important area to expand upon. They noted that teachers have varying degrees of sensitivity regarding mental health issues. Several felt that the behavioral model was not effective when problems stemmed from a mental health source.

A parent of an elementary school child noted, "My point is, I think the number one thing, at least at the elementary level that is needed is teachers need more training in mental health. I think you have to look at a map if you think of the iceberg, not look at the tip of the iceberg and address the behavior. But you've got to be looking underneath that. And what's really going on with this kiddo and why are they acting out? Because kids, you know, they do well if they can. Right. Kids don't just, like, punch people for no reason. Kids don't come to the carpet for no reason. So, have they been hiding under tables for no reason?"

The counselor saw my son twice a week on Wednesdays and Fridays. But Friday was contingent on his behavior. And I hated that because I am totally against the rewards and punishment model."

A parent of an elementary school student recommended "providing training to teachers to help them understand the underlying reasons for behavioral difficulties in students who have mental health disorders, and to provide information about effective teaching methods."

Most importantly, parents and students alike noted that teachers needed to get to know their students, especially when students were at risk for mental health issues.

A parent of an elementary student noted that there was a two-day period at the beginning of the kindergarten year when teachers were able to get to know their students. She believed that it would be helpful to expand this model to other grades as well. She noted, "They do 20-minute meet and greets before school starts. So they have two days that are not regular school days, but you have an appointment and the kindergarten teachers to have a conference and they get to know the students. And I wonder if they did something like that, I mean, I understand there's always this pressure to get the curriculum in, but I just wonder if there were two days that were dedicated to getting to know the students before school started, I wonder if they could have less disruption throughout the year."

An elementary student said, "I think that the teachers should get to know the kids more, which would then help if something goes wrong there. I think that the teachers don't know the kids as well as they should." His mother noted, "You know, I honestly think that's a

really simple way of saying a lot of what I was trying to say in way more adult, complex terms.”

Teachers deal with mental health problems on a daily basis. In fact, statistics indicate that in every classroom in America, there is usually at least one student with a mental health disorder, sometimes in the severe range. Teachers benefit from training regarding the nature of mental health disorders experienced by children and adolescents, how these disorders manifest in the classroom, and successful classroom interventions for these students. I noted in my initial report, “Constraints on the availability of time for continuing education services are problematic, but the problem is of such severity as to warrant expanded continuing education in mental health topics. This can also be done through reading books and articles and through the use of webinars. I wrote the book, “Student Mental Health- A Guide for Teachers, School and District Leaders, School Psychologists and Nurses, Social Workers, Counselors and Parents” in order to help meet this need.

Increasing the knowledge of student mental health issues among educators results in more effective interventions with at-risk students, ultimately resulting in improvements in student well-being.”

Learning Style

In addition to understanding students’ mental health needs, parents and students felt that it was important for school staff to understand students’ learning styles.

A parent of a middle school student noted, “He’d say, “Mom, I can’t learn this way. I don’t learn this way.” And he was also in Chinese immersion. So he’s also learning a language over the computer. And he just he doesn’t learn by watching videos and then filling out a worksheet. That’s not his learning style. And so he was trying to watch videos and he couldn’t focus and then he’d get behind and he’d procrastinate. And it just it got to a point where it was clearly torturing him. It was awful.”

A middle school student said, “My math teacher understands my learning style. She just says, “Hey, you can do anything that you think that you have to do. If you need to practice more, then practice more on this part of your homework.” I think if the school district makes it so that kids are more independent and puts some of the responsibility on them I think things would be less stressful and I think work would get done faster.”

The COVID-19 crisis, and the subsequent requirements for e-learning have made things especially difficult for some students who have mental health problems.

A middle school student who has ADHD said, “I don’t really like online learning that much. I think I learn better in school because I stay on track more and there’s more things at home that I can get distracted by.

A high school student said, “I don’t have motivation to do school unless it’s physically with people because I’m a hands-on learner.”

These are valid concerns, especially when related to students with mental health difficulties. The COVID-19 crisis has magnified these issues. When the crisis abates, students with varying learning styles will be able to benefit from a variety of teaching methods suited to their needs.

I would note that some students have difficulties due to learning style differences (e.g., “hands-on learners” having difficulty following written instructions). Some have language-based learning disabilities. A significant number of students have school difficulties that directly stem from symptoms of their mental health disabilities such as the inattention of ADHD or concentration difficulties stemming from symptoms of depression or anxiety. It is important for school staff to recognize how each of these types of difficulties presents, and how to respond accordingly.

Disabled Versus Different

Parents and students discussed the need to avoid excessively focusing on disability issues. A parent of a middle school student noted, “He doesn't like thinking that there's anything wrong with him. He always talks with me about why is everything a disability? Like, why is it disorders and disabilities? And why do we have to call them those things? So he doesn't like that terminology.”

Her son said, “I don't know, I don't think I have a disability. And I think calling them disabilities is kind of stupid because then it makes it sound like you have something wrong with you. I think it's more like you just have something going on in your brain that a lot of other people have like ADHD or something.”

This is a key topic that directly affects many students who are having difficulty succeeding in school. It is helpful to recognize the difference between “disability” and “handicap”.

Unfortunately, over the years, the word “handicap” has been misused and is associated with negative connotations. However, it is a useful concept in understanding the nature of disabilities.

“Disability” refers to the nature of the problem one is experiencing, whereas “handicap” refers to the degree that the disability impairs an individual's functioning. There are many people who have extensive disabilities (deafness, blindness, cerebral palsy, etc.) but who are minimally handicapped, as they have learned to succeed in the world. There are unfortunately other individuals who are minimally disabled, but for whatever reason, are significantly handicapped. One reason may be that they identify their disability as defining themselves, and do not recognize their potential for overcoming their handicaps. Schools can play a key role in helping disabled students acknowledge their disability but not to overly identify themselves with it, and to be successful as a result.

Counselors

Feedback about counselors was generally very positive.

A parent of a middle school student noted, "He saw a school counselor at Excelsior Elementary. His classroom teacher said, I think this would really be a good thing for him to have someone who he can go to. So he would go to see her on a weekly basis. And he would talk with her about some of the things that were overwhelming him, mostly academic. Things got better in fifth grade because now people knew the diagnosis and they rallied around him. The school counselor was great. I mean, everybody rallied around and by the end of the year, things were going really well."

A parent of a one year post high school student noted, "He wrote two letters after graduation. One was to his teacher in high school who was also his IEP teacher. The other was his counselor. Both of those people had a huge impact on him. And, you know, I think he was a kind of person that would have gotten in trouble. I think in school he was attracted to the kind of the bad kids in school and thought that what the bad kids did was really cool. And I think his counselor in middle school really steered him away from those kids and put him on a path that I think he stayed on. Staying on his path rather than getting pulled off, you know, sidetracked by bullies, or sidetracked by you know, wanting to be a part of a bad group of kids or something like that. So, I think his counselor really helped him stay on that path. The counselor's door was open any time that he needed help with classes or schedules or communicating with teachers or communicating with a coach or whatever he needed. The counselor was always there to talk to him. Also, there were times when it came time for him to register for classes or talk about a struggle in a class. His counselor was able to pinpoint really quickly how to fix it.

And because he knew my son and knew the teachers, he just made great fits for him all the way through school. And it didn't always mean giving him the easy teacher, but it was giving him the best teacher for him. Things continued positively with an IEP. And he graduated. He didn't give in to the temptation to the bad boys, and now he's in college."

When I asked what grade, she would give the counselor, she said, "I would give him an A++. He was awesome, he made all the difference. His teachers get an A+ too."

Counselors play a key role in providing mental health support in the Minnetonka district. This parent's description of services provided to her son is a textbook example describing successful methodology for counselor activities. This counselor displayed openness, commitment, support, communication skills and persistence. I would recommend that mental health training for staff include presentations by individuals such as this counselor, in order to assist other school staff in understanding keys to success when dealing with vulnerable students.

Support Groups

Support groups were highly regarded by parents and students. The parent of an elementary school student noted, "My daughter has been in the social emotional group outside of her classroom with the school counselor. There was nothing needed to qualify. We just said, "Yes, we want her to be seen on a weekly basis". So, I believe it started in first grade. Every fall, at the fall conferences, the teachers would ask whether we wanted our daughter to participate in this. And my husband and I have taken advantage of it every year for her.

She has a lot of emotional excitability. The support group has helped her understand other people's perspective and to understand how to make and keep friends. She learned how to continue to navigate school and social situations. It was a benefit for her to learn additional ways to manage her excitability. Every emotion she has, like if this is where she is, she's happy or she's sad or she's excited; every emotion is to the extreme."

She felt that her daughter had definitely benefited by being in the group and said she would give the counselor an A+. She said, "I don't believe that our kids' unique educational and personality needs could be met anywhere else."

A parent of a middle school student noted that there was a need for awareness raising regarding mental health issues, especially anxiety. She said, "Students need to know what they are experiencing and then need to have some sort of support group to be able to help them learn how to cope with their anxiety."

The value of support groups was repeatedly expressed by numerous interviewees. It is especially notable that many of these students were not demonstrating severe psychopathology but were in the at-risk level of severity. This would be considered a tier 2 intervention. Feedback indicates that, from a parent and student point of view, support group interventions have been very successful in the District. As noted in my initial report, prioritization and time management are necessary, based on mental health support staff reports that they are "spread too thin". In my opinion, the threshold for support group referrals should not be raised to the point that at-risk students are excluded from referral. However, other time management strategies such as adjusting the duration and frequency of support groups might be helpful. For example, a grief support group might be relatively time-limited, whereas a social skills group may require an extended intervention. This is already been done to some degree in the District. In my opinion, an overall analysis of this issue would be helpful.

Some support groups primarily focus on providing emotional support to students who are demonstrating evidence with mental health difficulties. Other support groups focus on teaching specific skills such as social skills, time management, etc. Many groups provide both types of interventions.

It is important to recognize the underlying cause of a student's skill deficit. For example, a student might have social skill deficits due to never having learned the skills in the first

place. Another student may have a social skill deficit due to being on the autism spectrum. Interventions need to take into account the nature of skill deficits in order to be successful. Also, skills training works best when it is ultimately taught within the classroom setting. For example, for special education and 504 plan students, interventions may begin in support groups and transition into the classroom to aid in the practice of learned skills.

Contributions of Other Staff

Many school staff contributed to mental health support services. For example, one parent noted how helpful her son's swimming coach was in contributing to her son's mental health needs. She said, "In addition to his counselor and teacher, our son's swimming coach was also fantastic as far as making accommodations that he needed. Maybe he had a test, and he couldn't show up for practice or maybe he needed an adult to talk to about some bullying that was happening. The swim coach was right there with the rest of us in just helping our son to be successful in middle school and high school. So, he played a huge part as well."

It is clear that the concept of "mental health support staff" needs to ultimately encompass all school professionals, as they work together to encourage well-being for students and their families.

Social Emotional Learning

Social Emotional Learning (SEL) is a curriculum with the following core competencies: self-awareness, self-management, social awareness, relationship skills and responsible decision making.

Social emotional learning was seen as being a vital component to education in the Minnetonka school district. A high school student stressed the need to begin it early. She said, "Kids should start early. Like, honestly, to me, I feel like as soon as you start school. I don't really think there's like a time where it's too early to talk about mental health issues. It's important to teach social emotional learning with kids when they're younger, too, because at the high school everyone's super stressed. We should also be making students aware of mental health resources when they are younger."

A parent of an elementary school student noted, "All three of my kids have received specialized instruction to some extent starting in kindergarten. And many of my friends across the Twin Cities say that their districts don't provide that. And then especially when you then think about the gifted and talented needs, that it's not just a difference in instruction or difference in pace or content, it's really there as a huge social emotional component. And that piece is missing in a lot of districts and it is not being addressed. So, I know that in my older son's classroom, they have a social emotional curriculum that they work through, and that is something that is being implemented. In the Chinese immersion classrooms, they have the counselor coming in and doing social emotional education with the entire classroom. So, it's not even that kids need to qualify, but that

they are receiving very specific targeted instruction in their social emotional development. In the elementary school setting for kids who maybe need a little bit more, they aren't qualifying for something like a special education diagnosis, but they need some support, just like they might need reading support or math support. They're getting social emotional support. And we know that kids cannot learn in a classroom if their social emotional needs are not met.”

A parent of a high school student recommended that “there be social emotional learning K through 12th grade that is evidence based and then there needs to be fidelity district wide rather than present at one school but not another.”

Social emotional learning is a key component to the District’s mental health plan. In my initial consultation, I made a number of recommendations regarding social emotional learning and the related topics of resilience, self-mastery, mindfulness, lifestyle and effective parenting. They are supported by the parent and student feedback in this report. I noted, “A significant percentage of Minnetonka students reported ongoing symptoms of anxiety and/or depression. Many of these students demonstrate significant improvement through learning techniques of social emotional learning (SEL)... The topics of lifestyle, resilience and self-mastery will each require curriculum that address the topic throughout each students’ K-12 experience.... Curriculum will need to be developed for students and their parents, and parent involvement could take place through in-service presentations, webinars and support groups.”

I recommended consideration of tailoring parent involvement to the needs of specific student groups. For example, there has been significant interest in a combination of parenting groups and support groups for parents of children and adolescents who are on the autism spectrum.

Because lifestyle issues are so crucial to health and well-being, I recommended fostering partnerships between parents and educators. Activities could include bringing in speakers, developing webinars and encouraging discussions of lifestyle and health during teacher conferences.

I encouraged the District to expand its partnership with parents on addressing this topic, as the development of self-control and resilience are so crucial to having a successful life and optimal well-being. I recommended the development of additional in-service presentations including the possibility of webinars in which effective methods of parenting can be described for parents of elementary, middle, and high school students.

I recommended significant expansion of self-mastery techniques to be provided to both students and staff. Best practices evidence-based activities would have multiple beneficial results in well-being, in my opinion.

The topics of lifestyle, resilience and self-mastery will each require curriculum that address the topic throughout each students’ K-12 experience. I would encourage the District to expand its partnership with parents on addressing this topic, as the

development of self-control and resilience are so crucial to having a successful life and optimal well-being. Given the challenges facing students and their families, the District can be very helpful in providing parent education utilizing expertise of professionals working for the District or in the community.

I recommended significant expansion of self-mastery techniques to be provided to both students and staff. Best practices evidence-based activities would have multiple beneficial results in well-being, in my opinion.

The Compass Program

A number of the interviewees had received services from the Compass program. This is a small program for students who require a smaller learning environment with significant mental health supports. It received stellar reviews from students and parents alike.

A parent of a high school student noted, "it was a very helpful program that was small and didn't have too many kids, but a lot of attention. I don't think we would be as well off right now as if it wasn't for Compass." She recommended expanding the Compass program to include middle school students as well as high school students.

Another parent of a high school student noted that her daughter received community mental health treatment as well as Compass services. She noted that there was good integration between the two systems and gave the compass program a grade of A+.

Another parent of a high school student said, "The Compass program was a godsend for us."

A high school student noted, "Compass helped so much. That was what has been helping me like a lot this school year. I'm really glad I have it." She said that if she had not had the Compass program, "All of my grades would have been a lot worse than they are. And yeah, because I get, like, social anxiety. I would not have talked to my teachers and they wouldn't have known what I was going through and stuff like when times were bad and when times were good, so I would have been silently suffering." She said that she thought it would be helpful to have the Compass program for students in middle school who needed it.

Another high school student said, "The Compass program was my main source of support from Minnetonka. I do not think that I could have gone there without it. I really developed a support system over the years there. I had five people for me that I could go to, adults or other students." When asked whether he would recommend the Compass program to someone else who had mental health issues, he said, "Absolutely". When asked what he would have done if he had not had the Compass program, he said, "I think I would have transferred schools because the high school is just too big." He recommended that the District consider expanding the Compass program in order to serve more vulnerable students.

In my opinion, the Compass program provides a very valuable service to a subset of high school students who require a small program with a variety of mental health support services. I would encourage the District to explore the possibility of creating a similar program for middle school students.

Mental Health Advisory Council

There were a number of positive reactions to the Mental Health Advisory Council.

A parent of a middle school student noted, “Well, I found myself having some opinions about things, given my experience in the District with my son. And so instead of sitting in my living room and talking to my husband about it, I thought I would volunteer to be a part of a larger group of professionals and parents who were a part of really looking at what’s offered in the district and how we can make it better.”

A parent of an elementary student noted, “The Council needs to move on to the next step, which would be advising the district regarding mental health issues.”

There is clearly a motivation for the Council to evolve from its initial information gathering stage to providing specific recommendations regarding student mental health. I would recommend that the Council review this report and my initial consultation report in order to identify pertinent issues to be addressed. I would also recommend that the parent members of the Council play a key leadership role in this process. Also, the Council may choose to subdivide into working groups on different topics that address specific mental health issues.

I would note that it is important to maintain clear boundaries regarding the role of the Advisory Council. It is designed to provide advice regarding District mental health activities. It is not a decision-making group that determines District policy. In my experience, this issue can become a problem if roles are not clearly defined. It is my impression that the Mental Health Advisory Council provides an invaluable service in its focus on assisting the District in meeting well-being goals for students and their families.

Transportation

The availability of transportation is a key element in assuring that services can be provided. A parent that has a high school student praised the district, noting, “Another good thing about Minnetonka is they have always been outstanding about providing transportation, which is also very helpful to families. We wouldn’t have been able to continue to work and get her daughter to where she needed to be without that transportation piece.”

This issue requires no additional recommendations other than to continue to provide this valuable service.

Academic Excellence and Student Mental Health

The topic of academic excellence and student mental health was raised by a number of interviewees, and their responses indicated that this is a very complex topic.

A parent of elementary school students noted, “If bright students are not given enough challenges, they'll just be bored, and with their boredom comes frustration because it feels like busywork. Boredom and busy work produce way more anxiety in my kids than when they're actually challenged. Now, deadlines produce some anxiety in my older child. But he's also learned how to advocate for himself and to manage his time better. And time management is a life skill. We all need to learn that. My middle child is the first year of true differentiation in math versus just a pull out. I've never seen her happier where she's actually working. She's never been happier. She loves the challenge. She needs it.

You know, for at least for my children, they like to learn, they will sit and, in their time, off, they'll learn about new topics or watch new things. My daughter reads three hundred, four hundred pages a day in her free time outside of school. So, while, yes, you have to get your homework done because that's your job and your expectation, they also all three of them use their free time to learn new things because even the amount of content and things that they're learning doesn't always seem to be enough. And it's nothing that we're doing. But my daughter is currently reading the Percy Jackson series and she can't get enough. And so, she's also then reading Greek mythology and she is reading all of these other things. And then she asks to be in an online book club around these books that she's reading. So, one explanation would be that there's a subgroup of kids who already are anxious or depressed who might be bright, but for their own mental health, they shouldn't push themselves too hard because they should get some help with their anxiety.”

A parent of a middle school student noted that her daughter, who has significant mental health problems, had a strong emotional response regarding her grades. She noted, “So we did parent teacher conferences, and she was getting all B+s and A's, which to me are great grades. And two of her teachers were like, “You're doing really great, but you're an A student. You just need to study a little harder.” And she started crying. They couldn't tell because it was video chat. And so, I was like, “It's all right. A B+ is OK. A B+ is a fine grade if you're working really hard and doing your best. The issue is that for some students, there's an imbalance in the system where there is a strong emphasis on academic achievement, but not enough social emotional support.” She recommended that the balance be improved for students' well-being, and for teachers' well-being as well.

A parent of a high school student noted, “But I think that the rigor, the academic achievement push can exist in balance. I'm thinking of a whole child approach, putting relationships and well-being ahead of test scores and academic achievement. I think that there's a lot of kids or parents who just feel that sometimes the focus has just been so intense around the academic that Minnetonka is like running a business and they want those test results and the number of kids taking AP and IB etc., is just there. And then in the past, there hasn't been the social emotional learning skills added in or a recognition

of different paths to success. But there needs to be that balance, too, of letting kids be kids and having downtime, having social emotional skills, etc. And like I said, I think the district is shifting towards that.”

A high school student noted, “I think it’s a lot of push from the administration, really huge pushes, for IB classes and AP courses. They have an assembly to go through all of the AP and IB courses that you can take in the next year. There’s just such a focus on test scores. Getting into college: if you’re a student who was anxious and depressed, what happens? You feel even worse. I remember going to that assembly and I was just like, “I can handle it”. But I was thinking about some of my friends who were struggling, and I couldn’t imagine them trying to sit through that. Trying to take AP and IB courses there, and they’re trying to focus on making it through the school day without having a panic attack.” He noted that it would be helpful to have before school or after school support groups to help students with these problems.

Another high school student said, “I would say that most kids in advanced classes have some kind of mental illness. I feel like everyone struggles with their mental health. And I was in AP Physics as a freshman and everyone in our class was either depressed or anxious. Minnetonka wants to look at students holistically, but I just feel that, for whatever reason, there is this idea that high achieving students are superior. I almost feel like they get some kind of special treatment. And there’s a culture, at least among students, where I feel like if you’re in general classes, people call them the dumb kid classes and stuff like that. I just think it’s like toxic. It’s in elementary school, too.”

The statistical analysis in my Well-being report indicated an inverse correlation between high grades and depression or anxiety. Students receiving lower grades, in general, reported on the Minnesota student survey a higher amount of mental health symptoms. It may be that there is a subgroup of students who suffer from anxiety and/or depression who are especially vulnerable to academic pressures, and to other life stressors as well. In my opinion, a balance of high academic standards and a focus on social emotional learning is an attainable goal for the District. For students with clinical symptoms of anxiety, depression or other mental health disorders, access to mental health treatment is also an important factor.

Gender Issues

A parent of an elementary student who was born a girl but who identifies as being a boy talked about her experiences with the Minnetonka school district’s responses to the situation.

She noted, “He has definitely used the services of Minnetonka support staff because of his gender. He has gone through some changes. He was born a female. And then two years ago, his pronouns changed. And he’s a fourth grader now and has had great success through this process with the help of some of the staff here.

And, you know, as first-time parents, we kind of dismissed it and just thought he was playing around. And then as he grew older, little things like what he would wear became an issue. He never wanted to wear a dress or skirt, never wanted to play with girls or anything that was girl gentrified or feminine. And then as he grew older, it was around first grade when he decided to go as a boy. So then in first grade, we talked with the first-grade teacher at the time to help transition with that or just, you know, check in with him. And then he cut his hair short. And then it wasn't until second grade, in the spring, he was kind of just in turmoil, having a lot of big feelings about it and would cry a lot when he came home from school and talk about kids saying he doesn't belong in the girls' restroom. And actually, the restroom became the big issue at school because he was also trying to hold his pee at school and having accidents and also just couldn't focus at school. So when we were approached, I was approached by the teacher first about an issue that happened where he got pushed out of the restroom. Then we I met with the principal and the counselor and they had a lot of check ins with him at the time.

My husband and I sat down and talked to him and kind of laid it out as a spectrum and said, "Well, do you feel like you are more of a boy or a girl?" And then he was like, "I feel like I'm more where Dad is". And so we said, "Well, you can start identifying as a "he" at school if you like."

And you know, ever since that happened and ever since he started just calling himself a son and a boy and all that, he has had a 180-degree shift in his mental health. He is just much happier, much more himself, calmer, like it just feels like the stress of not feeling like yourself has gone away.

The biggest hurdle for us was the bathroom situation. I wish they had a just a one stall unisex restroom for him to use. And there was a period of time where he was using the staff bathroom because that's a one stall, just a single person bathroom. But then a staff member had yelled at him for being in that staff restroom when he came out. And he was upset because he thought he had been told that he could use that restroom.

Since he has gone to the gifted program, he's found his people a little more. It's funny, I think, because the gifted kids are a little more emotionally intelligent. They're so accepting of him. And his gender is just like the small little part of him. They don't really care. They're like, "You're a cool person. We like you. You're smart, you're fun, you know?" So, he's made a lot of friends since being in the gifted program. And I think the teachers, too, that he has had since he's been in this program have been just exceptional. So, it's definitely helped.

School counselors have been involved at each school and every teacher we've had has helped. We've been very vocal and very open with them. His counselor has done a small group with him. It is like a friendship group or just like a high emotion group for kids who are having a harder time with regulating. It's been very helpful, and he enjoys it. The counselor has also done one to one counseling with him.

I'll never forget his first teacher. She said to him, week one of school, "Your gender is only a small part of who you are. You are so much more complex than that and just be who you are and not try to be somebody you're not." And that really resonated with him.

His demeanor changed so much after we told him he could change his pronouns. It was like a light switch went off. And I think it just became this comfortability in his skin, so usually that's my recommendation to people, is to really just trust, trust what you're seeing."

She suggested that the District sponsor presentations for continuing education for school staff to raise awareness regarding transgender issues.

When asked how she would rate the District's work with her son, she stated "I would give them an A minus just because I would still like that bathroom. When they have the bathroom, I will give them an A." His mother also noted that the district is exploring the feasibility of a one stall bathroom.

Two issues present themselves in this student's experiences in dealing with gender issues.

First is the issue of how the District educates students and staff regarding the issue of gender sensitivity. This is a relatively new topic, but one of great importance. I would recommend that this topic be addressed in a variety of ways including in continuing education for staff and inclusion of this topic in the student health curriculum. The provision of accommodations including unisex bathrooms has become a very contentious topic.

(see <https://www.ncsl.org/research/education/school-bathroom-access-for-transgender-students.aspx>)

In my opinion, this issue will receive increasing amounts of attention as more students and their families bring it to the attention of the school district and make requests for accommodations.

The second issue is a broader one. It relates to how school districts can support and encourage students who are in some way different than their peers. Whether it is an issue of gender, physical appearance, communication abilities, or other factors, sensitivity to these students' plights can make a huge difference in determining whether their school experience is positive or negative.

I would note that had this young man been in a school district that was not sensitive to his needs, he could very well have developed very significant mental health problems. The combined efforts of teachers, counselors, administrators, and his parents have been very successful.

I would recommend the Minnetonka District anonymously use this young man's story as an example how to work with vulnerable students who are different than their peers in some way. This would be an excellent topic, in my opinion, for a staff in-service webinar.

Parent Social Networking

The issue of parents communicating through social networking about student mental health issues was described as an additional resource. A parent of a high school student said, "A group was started locally, called Mental Health Navigators. It was started by a few moms including one who had lost her daughter to suicide. It's a support group for parents helping parents. Administrators of that site will often post pleas for help or pleas for information, but they post them anonymously. A parent can send the administrator a private message saying, "Look, I've got this issue. I don't know what to do about it, but I don't want my name out there in this community." And then that administrator takes the written blurb and plugs it in and then the community responds with input suggestions and a lot of it has become parents sharing resources."

In my opinion, this is another item that could be added to the resource map for parents and students.

ADHD Skill Building

A parent of a middle school student noted that their son had been diagnosed with ADHD. The parents wanted to try behavioral interventions and were seeking recommendations from a behavioral pediatrician. She said, "We're looking for some holistic non-medication options."

It is my understanding that the district has ADHD support groups at some schools. I would recommend looking into their curriculum to see whether additional skill building methodologies could be utilized. There are many students in the district who have ADHD who are not taking medication, who might significantly benefit from these interventions.

Encouraging Developing Talent

Many Minnetonka students demonstrate remarkable abilities to utilize skills in a variety of fields. Students with mental health difficulties especially benefit from success in these activities.

A middle school student said, "I really like film in general and I think it's really cool. I'm doing movie reviews on my YouTube channel right now. I only have one out right now, but I'm going to do a sequel to that. I just turned 13 and a lot of people don't understand how I am able to do this. I really, really, really, really wish there was like a video editing and, like, film making class. Maybe that could be like one of our quarterly classes, like health class or art class. That would be so cool. A lot of people would want to be in that class."

I would tend to agree with this young man, given the widespread interest in creativity and media production. Many students who have attentional and/or language difficulties are able to successfully master the art of video production.

Well-being

In my interviews with parents and students, I was impressed by their universally positive responses to the District's prioritizing of well-being for students and families.

A parent of a high school student noted, "The services that we've received here, focusing on promoting emotional wellness, both physical and mental, have been phenomenal. I'm so thankful. I think the district does such a good job in being innovative, and it is so great to see a focus on mental wellness."

I would wholeheartedly agree with this parent. I would note that the District is on the leading edge nationally of school districts that are addressing the topic of well-being.

FINDINGS AND NEXT STEPS

Student and Parent Satisfaction

Feedback from students and their parents was overwhelmingly positive regarding the Minnetonka district and its increasing focus on student and family well-being. Thus, this consultation is best viewed in the light of a school district that has successfully addressed many mental health issues and that is committed to continue to develop methodologies that advance well-being.

A parent of an elementary school student noted "I've been extremely satisfied. I appreciate that they provided attention even before he was on an IEP. So I felt like they got engaged very early on and were very proactive with their approach. I've always had really good communication. I feel comfortable reaching out and asking questions. And because it's been a few years, I now have good relationships with a lot of these people and can have really good conversations and get insights. I am extremely satisfied. I think it's been a good process. I feel very supported both from the school and from the community."

A parent of a child in middle school noted, "When my daughter had a crisis, they did great. They were amazing!"

A parent of a high school student noted "the District has become more mental health focused, which is a good thing. I love Michelle Ferris and I couldn't talk more highly about what she's been doing. I think she needs a cape with a hero award on the back."

Another parent of a high school student noted "My daughter was hospitalized, and the school did a good job of coordinating services. The mental health support staff were very

helpful in coordinating her return back to the district. The guidance counselor at school, the Relate counselor and the 504 coordinator all communicated with each other.”

A parent of another high school student, when asked what grade she would give the district for their work with her daughter regarding mental health issues, replied, “an A”.

A middle school student said, “The school district is doing such a good job. They have such a good plan for me.”

In my opinion, these remarks regarding student support services reflect a larger issue of excellence in the district. For example, a parent of a child in elementary school noted that her family moved to Minnetonka in order to enroll her children in the schools. She said that she had talked with several other parents who had done the same thing.

This study identified many positive aspects mental health support services in the Minnetonka district. Nonetheless, a number of issues were identified that require attention.

Further Interviews

The initial stage of this project has met its goal of analyzing information from a small sample of students and parents in order to identify many key issues regarding mental health and well-being.

In my opinion, this sample size is not large enough to generate data that fully represents the target population of individuals impacted by the District’s mental health support activities. Most interviewees brought up new issues that has not been identified by other interviewees. This suggests that there are a number of issues that have not yet been identified but would be identified with further study.

I would recommend recognizing that numerous issues have already been identified, and that addressing these issues first prior to identifying additional issues makes the most sense. In my opinion, this would be the best approach at this time. Additional issues will present themselves in other contexts such as IEP meetings, discussions with counselors, social workers, administrators, etc. I believe that the results of the 19 interviews done to date pave the way for a generalized approach to obtaining feedback from students and parents as part of the overall mental health plan for the District.

Moving forward, I would recommend the development of a form that can be used to gather feedback from parents and students that is based on issues that have been identified. This would be done on an ongoing basis in which mental health support providers gather and document feedback obtained from students and their families. This can be done in a user-friendly manner that is efficient and not time consuming.

The form could be filled out by students and parents. The person filling out a form would first check off the pertinent issues from the full list of issues (see Appendix 5 for the issues identified so far). As more issues come to light over time, they can be added to the list.

For example, the questionnaire could have items such as, “There was good communication between teachers and counselors”, or “Information about mental health resources was available to parents and students”, or “A key person helped coordinate information obtained from teachers in order to communicate effectively to students and parents”, with ratings varying from 1 (strongly disagree) to 5 (strongly agree). A form that quantifying the issues raised in this report and presents them in an easy to use document would provide very useful feedback in program planning and development. Parents could assist their younger children in this process.

Consideration could be made for starting the process with parents and students who have been involved with IEP’s or 504 plans for identified mental health disorders. For situations in which potentially serious “red flag” problems are identified, in-depth interviews could follow.

The District is already gathering information from students and parents in a variety of ways. These include discussions, focus groups, behavior ratings, etc. I would recommend the continuing development of strategies for identifying crucial information about student mental health supports in the District.

In my opinion, the recommendations in this report directly reflect student and parent experiences. Many of these recommendations are also in the initial well-being report, indicating that many of the same issues were also identified by school staff.

Some interviewees discussed topics which were reflected in other interviewees’ discussions, whereas others talked about specific issues which may or may not have impacted other students and families. It is problematic to make recommendations based on reports of one or two individuals, due to the issue of statistical significance. Therefore, it will be important for the District to verify whether interviewees’ opinions and suggestions reflect widespread concerns.

Meanwhile, I would encourage the District to act on the recommendations in the initial report and in this report. Items such as “increasing mental health topics discussed in Health class” will no doubt require considerable thought and effort. In my opinion, the best approach is to initiate an action plan that addresses issues that have already been identified. As time goes on, and additional issues are identified, they can be folded into the overall mental health plan for the District.

The Mental Health Advisory Council

In my opinion, the Mental Health Advisory Council is an ideal setting for examining this report and making recommendations regarding next steps. This could be done in conjunction with the creation of a Family Well-being Council and a Parent Advocate

Position. Parents who are members of the Advisory Council could play a vital role in this process.

The Family Well-being Council

I recommended in my initial report that the District create a Family Well-being Counsel that would help guide the District in its efforts to provide effective mental health supports. The council could also oversee parent and family in-service presentations that combine information and support.

Parent Advocate Role

I also continue to recommend the creation of a parent advocate role that would focus on assisting parents who could benefit from advocacy around the issue of mental health supports. The parent advocate could act as a liaison between parents and the District.

System Collaboration for Mental Health and Well-being

The Minnetonka school district, in setting the goal of optimal well-being for students and families, has already made significant progress. Ideally, other public systems (Social Services, County Mental Health, County Crisis services, Juvenile Corrections, Community mental health and medical providers and Public Health) will continue to make progress in coordination and collaboration to meet the well-being goals. Family input is an important component for these systems as well. I would recommend that the County Collaborative assures that family feedback plays a key role in future endeavors.

The District Mental Health Plan

In light of the additional issues identified in parent and student interviews, I would recommend that District staff revisit Appendix 16 of my Well-being report, "Creating a School District Mental Health Plan that Meets the Needs of Students who have Psychiatric Disorders". It can provide a useful guideline for addressing such topics as roles and responsibilities, educational planning, protocols, mental health training and outcome assessment.

SUMMARY

Parent and student feedback broadened the discussion of well-being, providing specific feedback regarding mental health supports in the district. The composite feedback from interviewees describes a system that has the following goals:

- Services are well coordinated with excellent communication between families and educational partners.
- Information about mental health support services is easily available to students and families.
- Accommodations are designed with mental health strengths and limitations in mind.
- There is maximum flexibility in programming schedules.

- There is a focus on balancing social emotional supports with high academic goals.
- Transition periods are characterized by optimal communication from previous teachers to new teachers.
- There is optimal coordination with other systems such as County crisis and case management.
- Stigma is minimized, and students feel comfortable in seeking mental health services.
- Students, families, and educational staff are provided with ongoing education (written, webinars, etc.) about student mental health.

In my opinion, significant progress has already taken place in the District. Feedback from parents and students continues to aid in this process.

Please refer to my recommendations within the body of this report and in the initial Well-being report. If you have any questions about my recommendations, please feel free to contact me. I will remain available for future consultation as needed.

William Dikel, M.D.
Consulting Child and Adolescent Psychiatrist

Appendix 1

Structured interview for students

Name
Name of student
Age
Grade

Do you understand the reasons for this interview?
Can you tell me what mental health support services were provided to you?
Names of staff(s)
of staff(s)
Reasons the services were initiated
When during your school year were they provided?
Were you having academic or behavior problems in school that led to the referral?
Please describe
Other reasons for referral?
Please describe
Duration of services

Did you receive individual counseling?
If “yes”, please describe
Did you receive group counseling?
If “yes”, please describe

Did you feel comfortable in the process of counseling?

Level of functioning prior to and following services

Academics at school

Behavior at school

Behavior at home

Behavior in the community

Emotional State e.g., anxious, depressed, etc.

Overall, did you notice improvement?

If so, was with mild, moderate, or very significant?

What issues did you focus on when receiving mental health supports? For example, were you learning skills such as social skills, organizational skills, etc.?

Do you feel that mental health supports helped you to succeed at school?

Was privacy a concern regarding whether other students were aware that you were receiving mental health support services? Was this a problem?

Would you recommend mental health support services to a friend?

Have you ever been diagnosed with a mental health problem such as depression or ADHD?

Were you prescribed medication for a mental health problem?

In addition to school mental health support services, were you also seen for therapy by a staff member from the Relate Clinic, or in the community?

Overall, do you feel that the mental health support services that you received were helpful? If so, were they mildly, moderately, or very helpful?

Did you have any negative experiences resulting from the mental health services that you received? If "yes", please describe.

Do you have any recommendations as to how the mental health support services that you received could be improved?

Are there other kinds of mental health support services that you would recommend we developed by the Minnetonka School District?

Appendix 2

Structured interview for parents

Name

Name of student

Age

Grade

Do you understand the reasons for this interview?

Can you tell me what mental health support services were provided to your child?

Names of staff(s)

Reasons the services were initiated

When during the school year were they provided?

Was your child having academic or behavior problems in school that led to the referral?

Please describe

Other reasons for referral?

Please describe

Duration of services

Did your child receive individual counseling?

If "yes", please describe

Did your child receive group counseling?

If "yes, please describe

Did your child feel comfortable in the process of counseling?

Level of functioning prior to and following services

Academics at school

Behavior at school

Behavior at home

Behavior in the community

Emotional State e.g., anxious, depressed, etc.

Overall, did you notice improvement?

If so, was with mild, moderate, or very significant?

What issues did your child focus on when receiving mental health supports? For example, was he or she learning skills such as social skills, organizational skills, etc.?

Do you feel that mental health supports helped your child to succeed at school?

Was privacy a concern regarding whether other students were aware that your child was receiving mental health support services? Was this a problem?

Would you recommend mental health support services to other parents?

Has your child ever been diagnosed with a mental health problem such as depression or ADHD?

Was your child prescribed medication for a mental health problem?

In addition to school mental health support services, was your child also seen for therapy by a staff member from the Relate Clinic, or in the community?

If your child was on medication and/or in therapy, was there communication taking place between the mental health provider and the provider of school support services

Overall, do you feel that the mental health support services that your child received were helpful? If so, were they mildly, moderately, or very helpful?

Did you have any negative experiences resulting from the mental health services that your child received? If "yes", please describe.

Do you have any recommendations as to how the mental health support services that your child received could be improved?

Are there other kinds of mental health support services that you would recommend we develop in the Minnetonka School District?

Did you have any concerns about the interventions?

Yes

No

If yes, please describe:

Do you have other suggestions about methods to improve services?

Appendix 3 Suggested questions from Advisory Council Members:

- What education can the school provide to support parents of students with mental health issues?
- What are your biggest concerns as a parent? How can the district help?
- Can you name a specific service/resource that Minnetonka schools has provided to help your student through a mental health challenge?
- Do you feel a sense of belonging in the Minnetonka Schools community? Why or why not?
- Do you feel that your student is supported in the district? Particularly in the high school, do you feel that your student is supported to pursue a variety of pathways after high school in addition to the traditional four-year college?
- What role do you see your child's school community playing in their resulting difficulty/struggle? How has your child's school community promoted their wellbeing?
- What do you believe your role is in dealing with your child's mental health?
- How do you foster/teach your children life skills (saying no, advocating for themselves, standing up for others, how to succeed, how to fail, how to balance "to dos" with connection and joy, etc.)?
- What is your willingness to participate in resources created for parents? What role do you think parents play in working with the schools to promote mental health and well-being?
- What can parents do to support their kids during these difficult years?
- What role do you believe the school district should play in the mental health support of your student?
- What do you think the district does well in supporting student's mental health needs? Where do you see need for improvement?
- What do you see as the greatest contributor to stress for your child? (in or out of school) How do you feel MTKA schools could help?
- What is something you wish your younger parenting self would have known about in your child's mental health needs?
- What are some ideas to increase connections between schools, parents, and mental health community?

What resources that are not currently available in schools would you find beneficial for students experiencing mental health challenges?

If you could change something, what would you change to make school better for you?

What do you like best about school?

Would you say that school is the greatest challenge in maintaining good mental health?

Do you feel a sense of belonging in the Minnetonka Schools community? Why or why not?

Do you feel like you have a solid understanding of the mental health resources available to you within the district?

In what ways is your school community helpful for your mental health and in what way is it hindering your mental health?

Do you know who to reach out to for mental health support? Would you be comfortable reaching out to them?

Do you have at least one adult in your school who knows you and you feel comfortable going to if you are struggling? Who is that person/what role do they play in your education?

What is something that the school has done that you have found helpful in supporting your mental health? What are things the school has done that you did not find helpful? How can we make mental health support more accessible/acceptable to you?

What is the most stressful part of your life right now? How could the District help alleviate some of that stress?

Is there one adult in the school who you feel comfortable going to when you have a problem or a concern? Who is that person? What makes you feel they are a safe and trusting adult?

What creates the greatest amount of stress in your life currently? What is one thing that you would like to have changed if you could that would help?

I want him to dig a little deeper into why students do not feel connected to an adult support.

What do they perceive are the main things that impact a student's well-being in a negative manner and how can the school do things differently to prevent or intervene?

Appendix 4

Referral form

This form is to be filled out by mental health support staff regarding the interviewees.

Students name

Date of birth

Gender

Grade (now)

Mental health diagnosis (es) if known

Type of mental health supports services provided (individual counseling, group counseling, etc.)

Reason for referral for mental health support services

Level of functioning prior to provision of mental health support services

Duration of services- when were services provided?

Level of functioning at the conclusion of mental health support services provision, or at this time if services are still being provided

Was the student receiving mental health treatment by a medical or mental health provider (e.g., Community mental health clinic, pediatrician, etc.)?

If so, is there documentation of communication between school staff and mental health/medical staff?

In your opinion, were mental health support services helpful? If "yes", were they mildly, moderately, or very helpful?

What outcome measures were used to clarify the success of interventions?

Appendix 5: Issues Categorized

Communication and Coordination

Communication and Coordination of Services
Communication and Coordination of Mental Health Information
Communication with Treating Professionals
Communication from School Staff Regarding Counseling Activities
Communication from Special Education Case Managers to Parents
Transition Communication from Old Teacher to New
Transitioning from Elementary to Middle or Middle to High School
Transition to College
Mental Health Coordination
504 Coordination
Schedule Conflicts
Coordination with County Services
Communicating About Problems Before They Become Severe

Mental Health Education for Students, Families, and School Employees

Mental Health Education
Increasing Mental Health Awareness
Role of the Student Council in Increasing Mental Health Awareness
Health Class and Mental Health Curriculum
Mental Health Training for Teachers
Stigma

Identifying Mental Health Resources

Student and Parent Awareness of Mental Health Resources
Parent Social Networking

Identifying and Serving Students in Need

Identifying Students in Need of Mental Health Services
Overlooking Quiet Kids
504 Plans, Special Education and Mental Health
Learning Style

Services Provided

Counselors
Support Groups
Contributions of Other Staff
Social Emotional Learning
The Compass Program
Transportation

ADHD Skill Building
Encouraging Developing Talent

Advocacy

Mental Health Advisory Council
The Family Well-being Council
Parent Advocate Role
Well-being

Miscellaneous

Academic Excellence and Student Mental Health
Disabled Versus Different
Gender Issues

2/11/21