



Creating a School District Mental Health Plan that Meets the Needs of Students who have Psychiatric Disorders

MACMH

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“If you want to build a ship, don't herd people together to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.”

Antoine de Saint-Exupery

School districts often have medical plans- E.g., protocols for addressing chronic medical illness such as diabetes, or for infectious disease.

They tend to not have mental health plans. Given the nature and extent of mental health disorders experienced by students, and the effect that these have on education, a mental health plan makes sense.

School districts are often reluctant to address mental health issues because IDEA makes the schools be the payer of last resort for related services including mental health related services.

Districts have been forced to pay hundreds of thousands of dollars for services such as residential treatment because a hearing officer concluded that the student's mental health needs are "inextricably intertwined" with educational needs.

Because of the huge variability of school district resources, staff skill sets, community services, student population, etc., mental health plans need to be tailored to each district, sometimes to each school.

Essential Components of a School District Mental Health Plan

Roles and Responsibilities

The first component is the need to clarify the roles and responsibilities of staff who work with students who have mental health disorders.

Who works, directly or indirectly with a student who has a mental health disorder?

Teacher

School Psychologist

School Counselor

School Social Worker

School Nurse

Principal

and, if the student is in special education:

Special Education Teacher/Case Manager

Special Education Director

**This addresses the
problem of overlap in
some areas and gaps in
others**

Who does what?

How do you prevent gaps in services?

How do you prevent overlapping roles?

Who decides what the roles are?

Who provides oversight to assure accountability?

Their roles are frequently undefined, with lack of clarity, lack of documentation, difficulty in supervision, and lack of accountability.

Examples of Mental Health Activities

Within the School:

- Participating in the educational assessment process**
- Performing and interpreting mental health screening as part of educational evaluations**
 - Psychometric testing**
- Conducting functional behavioral assessments**
 - Identifying evidence of chemical health problems**

- Clarifying appropriate interventions based on information obtained during mental health screening.**
- Participating in teams (teacher assistance teams, IEP teams, etc.)**
- Assisting in the development of Individual Educational Programs for students with disabilities**
- Identifying appropriate accommodations and modifications, based on students' emotional and behavioral difficulties**

- Communicating with the students' parents on a regular basis about both problems and successes in schools
- Providing individual and group counseling
 - Providing skills training
- Providing crisis intervention, or working with County crisis teams when they do crisis intervention
- Providing inservice presentations about mental health issues

- Serving as a resource to building staff regarding identifying and reporting child abuse and neglect
- Facilitating due process procedures
 - Administering medication
- Collecting, analyzing and interpreting data to support school-based decisions

-Teaching, monitoring and planning interventions for increased achievement of all students

- Teaching student lessons designed to improve knowledge and skills in career, academic, personal and social development**
- Individual student planning- goals, careers, transition to post secondary options, etc.**
- Assisting school staff in problem solving re: cultural competence, PBIS, due process, etc.**

Working with Medical and Mental Health, Correctional and Social Service Professionals in the Community

- Gathering mental health information, with parent permission, from treating professionals in the community**
- Reviewing the information obtained, and translating it into educational terms for educational staff**

- Monitoring and assisting educational staff in monitoring target symptoms of students' mental health disorders
- Documenting the nature, frequency and severity of the target behaviors
- Communicating with community professionals about students' symptoms at the time of their evaluations, and subsequently, during treatment
- Coordinating activities with County and community agencies

- Case management (coordinating services with community mental health professionals, assisting families obtain services, etc.)
- Consultation with educational staff
- Making referrals to community resources for students and families
- Coordinating on-site, co-located mental health services provided by community mental health staff

Supervision

The supervisor may have no background in the work that the supervisee does (e.g., special education director supervising a school social worker).

This can result in minimal or no supervision of professional activities.

**What are staff doing?
How many hours/week for each
activity?
How are they prioritizing their
activities?
What is the outcome of their
activities?**

Pre-referral Interventions

E.g., is the student taking medication for a disorder that has the symptoms that are resulting in consideration of a special education evaluation?

Has a release of information been obtained to allow communication with the student's physician?

Educational planning:

**Team meetings regarding
students who have
Mental health problems**

Methods of Conducting Educational Evaluations of Students who have Mental Health Disorders

**Has mental health or
substance use screening
been done as part of the
educational assessment?**

Has a functional behavioral assessment been done?

Does it acknowledge that intrinsic factors may be driving the student's behavior?

**Clarification of Behavioral vs.
Clinical Contributors to the
Student's School Difficulties:**

**Use of the Clinical-Behavioral
Spectrum Concept**

Behavioral----Predominately-----Mixed-----Predominately-----Clinical
Behavioral **Clinical**

Designing Accommodations and Modifications Based on the Symptoms of a Student's Mental Health Disability

Crisis Intervention

**How are crises (e.g., a suicidal student)
to be assessed?**

**How does the district coordinate
services:**

- School district social worker**
 - County crisis team**
 - Law enforcement**
- Co-located mental health professional**

Mental Health Data Practices

Clarification of how mental health data should be handled:

-Desk drawer rule

-Information from medical and mental health providers

-Notes from school employees who are counseling students

-Treatment notes from school employees, if the district adopts this model (bad idea)

**Assurance that district data
practices are following
requirements of HIPAA, FERPA
and State Data Practices**

Gathering and Analysis of Individual and Group Mental Health Data

Gathering information that documents the nature of a student's mental health diagnosis, changes in symptoms in response to treatment, outcome data, etc.

Documentation of Activities

It is often the case that activities go undocumented, or have inadequate documentation. This is very problematic in some situations- e.g. a potentially suicidal student who regularly sees a school social worker for counseling.

Documentation:

Social workers' records
Progress/change of behaviors
Data management/privacy
Requesting, reviewing,
interpreting and documenting
mental health information

Protocols and Checklists

It is helpful to create specific protocols and checklists that assure that services have been provided and to assure staff accountability.

Symptom Monitoring and Communication of Behavioral Observations to Parents and Medical/Mental Health Providers

School files tend to not reflect clinically useful information. Even when a student has OHI special education services for ADHD, the educational record may not reflect the nature and severity of symptoms over time, how they change in response to medication changes, etc.

Provision of Direct Services to Students

Direct service:

E.g.: Crisis intervention, individual and group counseling, skills training

Treatment: A clinical service addressed at lessening or eliminating the symptoms of a disorder. In mental health, this may include psychotherapy and/or medication treatment

Counseling: The provision of information, assistance and guidance

Skills Training: Teaching skills to help an individual who has skills deficits (e.g., social skills, organizational skills, etc.)

How are students prioritized for direct services?

Who is seen?

For how long?

Individual vs. group sessions?

Skills training?

Therapy?

When are these services no longer required?

How is outcome determined?

Adopting Evidence- Based Teaching Methods for Students who have Emotional/ Behavioral Problems

Evidence-based Teaching

Classroom and School-Wide Learning environment:

- Proactive Classroom
Management techniques (PCM)**
- Clear Rules/Expectations (CRE)**
- Crisis Intervention Planning (CIP)**

Classroom-Level Practices

Academic:

Academic supports and curricular/instructional modifications (CIM)

Systemic approach to cooperative learning (CL)

Specialized instruction to promote learning and study skills

Peer-Assisted Learning Strategies (PALS)

Non Academic

Peer-mediated intervention to promote positive behavioral skills (PMI)

A conflict resolution program (CRP)

Social skills instruction taught as part of regular classroom instruction (SSI)

Anger management program (AMP)

A behavior support/management plan (BSM)

Pre-correction instructional strategies (PCIS)

Group-oriented contingency management (GOCM)

Individual Practices

Academic

Choice-making opportunities for students

Instruction in self-monitoring of student performance (SMSP)

Non-Academic

A system of positive behavioral intervention and support

The use of peer reinforcement to promote appropriate student behavior (PR)

Instruction in self-monitoring of non-academic behaviors (SMAB)

Behavior contracts (BC)

A formal procedure for developing function-based interventions (FBA)

Creating Partnerships with Community Providers, Including the Establishment of Co- located Mental Health Services

**Maximizing
Reimbursement to
Assure Program
Sustainability**

**Assuring that services do not
rely on time limited grants.
Identifying sources of income.
Consideration of Medicaid
Billing
Etc.**

Coordinating with County Resources

Working with County Professionals:

Crisis

Truancy

Children's Mental Health

Child Protection

Juvenile Probation

Public Health

Developmental Disabilities

Mental Health Training

**For
Educational Staff
Administrators
Mental Health Staff
Nurses
Student Health Curriculum**

Use of Mental Health Consultation

e.g.:

Psychiatric consult regarding medical and medication issues, diagnostic issues, etc.

Behavior analyst for clarification of behavioral intervention plan

Outcome Assessment

Have interventions been successful?

What does the behavioral data indicate?

The academic data?

If outcomes are negative, what interventions will be altered?

Summary:

A well constructed school district mental health plan results in improved services for students and in improved academic performance, reduced behavioral incidents and cost savings for the district.

