

Optimizing the Effectiveness of School Mental Health Support Services

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2021 MASE
(Minnesota Administrators
for Special Education)
Conference

**William Wurt,
Superintendent of
schools in Gary, Indiana:**

“The schools should serve as a clearinghouse for children’s activities so that all child welfare agencies may be working simultaneously and efficiently, thus, creating a child world within the city wherein all children may have a wholesome environment.”

Thomas Elliot, Sociologist:

“All agencies dealing with neglected or behavior problem children should be closely coordinated under the aegis of the school, including medical inspection, school nursing, attendance control, vocational guidance, placement, psychological testing, visiting teachers, and special schools and classes.”

William Wurt quote- 1923

Thomas Elliot quote- 1928

Prong 1

Lifestyle Interventions

Cultivating Resilience

Learning the Skills of Self Mastery

Mindfulness- Benefits for Students and Educators

Yoga

**Self-mastery skills are taught to students and staff,
and the process is also available to parents.**

**The interventions are universal tier 1 activities that teach
life skills through the K-12 experience, developing and
refining the skills as students mature.**

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Lifestyle, resilience and self-mastery serve students well during their K-12 years, and continue to be highly beneficial into adulthood. For those students who ultimately become parents, their children will benefit as well.

Prong 2: Counseling and Therapy

**The second prong focuses on students
who,
because of having mental health disorders,
experience a lack of well-being due to
symptoms
such as anxiety or depression.**

**These students can benefit from learning
lifestyle,
resilience and self-mastery skills, but
generally need
more help in the form of counseling or
therapy.**

Some of them may have disorders severe enough to warrant the use of medication. These students require a great deal of attention from teachers, administrators, school nurses, counselors, psychologists and social workers.

Special Education File Review

A summary of the data indicates that 17 student files of 6 females and 11 males were reviewed. They represented grades K-11 except for grade 2.

14 were involved with a mental health professional, 11 with a medical professional and 1 with a Child Protection worker.

In addition to the EBD category, 3 were in the OHD, 1 in the SLD and 1 in the SPL category. 3 students had academic disabilities in reading, 3 in written expression, 1 in math and 1 with speech difficulties.

Full scale IQs varied from 81 to 149.

Medical conditions were noted, including 1 student with allergies, 1 with celiac disease, 1 with diabetes, 2 with a migraines/headache and 1 with skin concerns.

Mental health conditions included 10 students with a history of ADHD, 5 with anxiety, 3 with depression, 1 with obsessive compulsive disorder, 1 with an unspecified mood disorder and 1 with a sensory processing disorder.

Nine of the 17 students were taking psychiatric medications including stimulants (7), antidepressants (4), mood stabilizers (2) and antipsychotics (2).

11 of the students were receiving mental health psychotherapy.

The Minnesota Student Survey

(Sample District)

As high as 42% of 11th grade females and 26% of 11th grade males reported that they had long-term mental health behavioral or emotional problems lasting six months or more.

Seriously considering attempting suicide within the last year ranged from 5% of 8th grade males to 17% of 11th grade females.

31% of 11th grade females missed part or all of a full school day of school due to feeling very sad, hopeless, anxious, stressed or angry.

**As many as 37% of 11th grade females
reported feeling down, depressed or
hopeless
several days in the last two weeks.**

Feeling nervous, anxious or on edge nearly every day was reported in 22% of 11th grade females.

18% in 11th grade females reported not being able to stop or control worrying.

The majority of high school students reported getting seven hours of sleep or less per night. Teenagers optimally would sleep nine hours a night.

In Depth Data Analysis of Minnesota Student Survey Results

Data analysis provided two- variable cross comparisons in order to identify risk factors associated with symptoms of concern.

E.g., correlating grades and mental health symptoms:

**59.1% of students reporting mostly A's,
61.2% of students reporting mostly B's and
74.6% students reporting mostly C's,
D's or F's
noted feeling anxious at least "several
days"**

Being bullied based on physical appearance or gender expression were most impactful to both grades and considering suicide.

**Students may not be willing to talk about suicidal thoughts,
but might be willing to disclose risk factors for suicide that
would alert support staff regarding potential danger
to self
or others.**

44% of ninth grade females who had a C average reported having considered suicide in the last year.

In other words, knowing only the facts that a young woman is a ninth grader with a C average immediately alerts a mental health support staff that this is a high-risk student.

Tier 1 Elementary services include responsive classroom, bullying prevention, emotional health curriculum, social thinking curriculum, buddy lunches, character education, elementary emotional health curriculum and culture/ climate.

Tier 1 Elementary services are provided by classroom teachers, school counselors, outside providers and in some cases all school staff.

Tier 1 Secondary services include advisory services, the web program, Do the Right Thing, health class, embedded health, counselor check-in, FACS class, Schoology counseling course, courage retreat, career day, team building, principal talks, counseling lessons, climate initiatives, junior first mates, anti-bullying curriculum and clubs/after school activities.

**Tier 1 Secondary services are provided by
classroom
teachers, student leaders, counselors,
school and community
resources, administrators,
paraprofessionals, advisory and
immersion teachers and all staff.**

Tier 2 Elementary services include direct instruction groups

(social skills, emotional regulation and family change), ADHD coaching, behavior paras, K–2 primary project, confident kids, social worker classroom lessons, mentor program, collaborative and proactive solutions, classroom interventions resulting from SST findings, support for students with financial needs, morning check-ins, consultation with families, bike clubs, fitness interventions and the K-2 winning team.

**Tier 2 Elementary services are provided by
social workers, paraprofessionals,
classroom
teachers, administrative support, ADHD
coach,
SST team, school psychologists and
student
support specialists.**

Tier 2 Secondary services include the Voyager program, ADHD learning lab, behavior plans, scheduled consultation with a therapist, behavioral or emotional check ins, the Ambassador program, student leadership initiatives, specialized intervention student groups (DBT, grief, compass, adoption, men and women of color) and attendance check-ins and interventions.

Tier 2 Secondary services are provided by classroom teachers, paraprofessionals, counselors, social workers, administrators, Park Nicollet staff, student deans and student management coordinators.

Tier 3 Elementary services include individual skill instruction, grief counseling, individual counseling/ therapy, informal individual behavior planning, behavior charts, responsive services and functional behavior assessment and individual behavior planning.

Tier 3 Elementary services are provided by social workers, paraprofessionals, classroom teachers, co-located Relate and Park Nicollet staff, student support teams, grief counselors, principals, administrative support staff, school counselors and school psychologists.

Tier 3 secondary services include school based mental health counseling/ therapy, individual student support, targeted student support, quiet lunch, targeted support groups for adoption, grief, family change, men and women of color, anxiety, sojourner, Treehouse, family friends, boys to men, compass program, 504 check-ins, individual student meetings and chemical health support services.

**Tier 3 secondary services are provided by
the
community mental health therapist, school
counselors, social
workers and paraprofessionals.**

Problems with the Pyramid Model

Clearly, the high numbers of students who report evidence of poor self-worth and poor well-being far surpasses the approximately 5% estimates of the number of students requiring tier 3 supports and individual attention.

Answering the question, “What is a school district’s role in addressing the needs of students who are not having problems in school?” is a complex task.

Nurses

The majority of nursing time is spent on students' mental health issues.

A typical nursing visit for a routine medical problem lasts approximately 20 minutes. Mental health problems are time consuming, and include parent contacts, phone calls, emails, etc. It is estimated that 15% of the students take up 85% of the nurses' time due to mental health problems.

**Students with mental health problems may
present
with physical complaints. It is not unusual
for an
anxious child to come to the nurses' office
five times
in a two-week period with vague somatic
complaints**

The vast majority of medications that the nurses deal with are psychiatric medications.

One nurse noted that all but one of the medications that she handed out was for psychiatric symptoms.

Counselors

Counselors provide a variety of groups including self-regulation, social thinking, social skills, school readiness, family change and grief groups.

**Counselors' time is split up with
approximately 40%**

**of the time providing direct service and the
remainder**

**of the time working with parents, teachers,
and in**

administrative activities.

**Some districts rely on deans to provide
counseling services.**

**Many of them do not have much mental
health training.**

School Social Workers

**Students who have greater mental health
needs
are referred to the school social worker
when possible.**

Social workers help support students who need help with social skills and other life skills.

They support parents and staff and are involved with the student support team and with special education assessments.

They are involved with prevention programs, monetary grants for needy students, interacting with community mental health providers and are involved in the ADHD mentorship program.

They assist students who struggle with anxiety and provide parent outreach. They are also involved with crisis risk assessments.

Psychologists

**School psychologists often note that
approximately
90% of their time is devoted to providing
special
education assessments.**

**Meetings take up to the remainder of time.
They would prefer to have more time
available
to work with students, parents and
teachers.**

Examples of mental health supports

ADHD coaching/Lab

ADHD Mentorship Program

Adoption Group

Anti-bullying curriculum

Anxiety Group

Chemical health specialist

The Child Family Support Program (CFSP)

Emotional Regulation Group

Empower U

Exercise Intervention

Family Change Group

Growing through Grief

IM4 education

Make it Okay

Men and Women of Color Groups

Mental Health Resource Fair

New Student Group

Primary Project
Project Play
Relaxation Group
Relate mental and chemical health
programs
Resource Map
Responsive Classroom
SEL small skills groups (SAEBRS)
Self-Regulation Group

Social Skills Group
Suicide awareness and prevention
Well-being Guide
Well-being website
Who are your people?
Winning Team/Goal Getters
Youth Mental Health First Aid

In many districts, mental health support staff believe that, compared to other school districts, their district has inadequate mental health support services. Data analysis can answer this question.

It is important to identify interventions that could result in more efficient use of the support staff in the District.

Social workers may note that some of their time is used for providing IEP individual counseling that they feel is no longer necessary.

School psychologists may note that some of their evaluations, specifically those provided for emotionally and/or behaviorally disturbed students, could be prevented by more intensive use of tier 2 pre-referral interventions.

**Increased utilization of County
mental
health case managers can free
up time
for mental health support staff.**

**It is appropriate to consider prioritizing the
services
being provided, and determining whether
any of them are of low enough priority to
justify
consideration of discontinuing them.**

Criteria for prioritization would include:

-Whether the service is mandated

-The number of students being served

-The nature of the students' mental health difficulties in the population being served

--Whether other activities overlap the service

-Do outcome measures indicate whether the service is effective?

On-site Mental Health Services

Goals for on-site mental health diagnostic and treatment

services include:

- Affordable diagnostic and treatment services.**
- Availability in every school in the District**
- A short waiting list for intakes, evaluation and treatment**

- Clinicians who are experienced in diagnostic and treatment activities**
 - Low staff turnover**
- Clearly defined professional boundaries from both the clinic and the District**

- Clinicians understand and appreciate the unique characteristics of school mental health services**
- Availability of substance use assessment and treatment**
- Availability of in-home family therapy**

- Adequate space in the buildings to provide the necessary mental health services**
- Availability to treat parents or other family members at the clinic office, if requested**
- Availability of adult and child psychiatrists to provide treatment and team consultation**

Example: the Elk River District, which has a total enrollment of approximately 14,000 students, has 14 full-time equivalent clinicians, provided by Central Minnesota Mental Health Center, Bridging Hope, Rogers Therapy, Greater Minnesota Family Services, Parasol Wellness and Lutheran Social Services.

**This results in having one full-time
equivalent per building.**

**Funding is obtained from insurance billing,
LCTS funds, DHS
school linked mental health grants and LEA
funds. Their District's
total cost to fund a full-time equivalent is
\$7000.00.**

**The Osseo District, with an enrollment of
20,369 students has
17 full-time equivalent staff provided by
People Inc., Saint David's
and the Lee Carlson Center. Funding is
provided by insurance,
DHS grants, LCTS grants and private
insurance.**

Looking at the “big picture”, it is not surprising that mental health support staff feel “spread too thin”. The key question is, “Given the mental health support staff’s roles in working with students who have mental health disorders, providing counseling but not therapy, is the best intervention to hire more mental health support staff?”.

I am recommending an alternative approach:

Prioritizing and improving the efficiency of mental health support staff, and increasing the number of mental health professionals providing co-located clinical services from clinics.

**Given that some of the students occupying
a great
deal of teachers', administrators' and
mental health
support staff's time are not receiving
treatment of their
disorders, the ability to more successfully
make referrals
for diagnosis and treatment should improve
time
management for school staff.**

I would recommend that the districts 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.

Exploration of funding and treatment patterns at the district's schools will help clarify the number of clinicians that would need to be added. All available options of funding should be explored, in my opinion.