

School Psychologists Role in Mental Health

Possibilities and Potential

National Association of School Psychologists
Government and Professional Relations Committee

Version 9.02



All children face some mental health problems/issues, including:

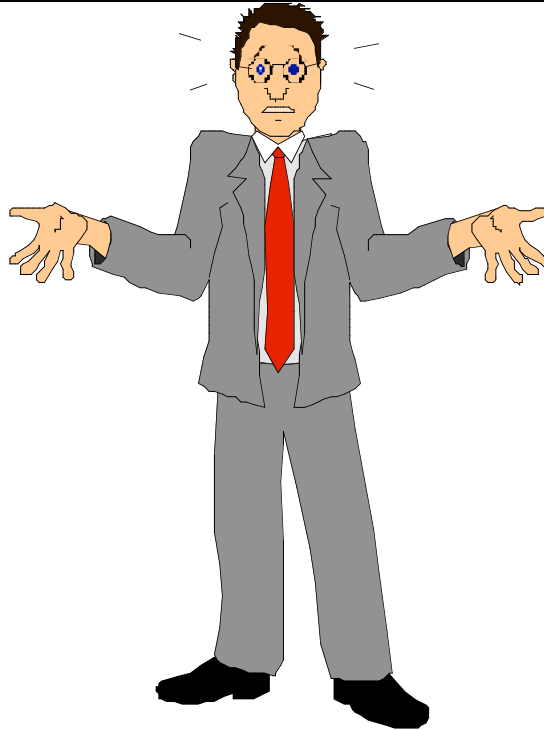
- Anxiety about school performance
- Problems dealing with parents & teachers
- Unhealthy peer pressure
- Common developmental, adjustment problems
- Fears about starting school
- School phobia
- Dealing with death or divorce
- Feeling depressed or overwhelmed
- Drug or alcohol use
- Suicidal ideation
- Worrying about sexuality
- Facing tough decisions
- Considering dropping out of school



School systems are not responsible for meeting every need of their students. But when the need directly affects learning the school must meet the challenge.

-Source: Carnegie Council Task Force on Education of Young Adolescents (1989)

☺ Mental health care should be part of a child's general health care.




☹ Unfortunately, there is no mental health equivalent to the federal governments commitment to immunization.

Legislature and Initiatives: Supporting Healthcare for Children in Schools

- Title XIX of the Social Security Act of 1965 (Medicaid)
- Education of the Handicapped Act (EHA) -
Public Law 94-142 (1976)
- First “Healthy People Initiative” (1979) - US Office of Disease Prevention and Health Promotion
- IDEA ‘97 - Methods of Ensuring Service
- Balanced Budget Act, Amended Title XXI of Social Security Act to Create State Children’s Health Insurance Program (S-CHIP) 1997
- Goals 2000 - National Education Goals
- Leave no Child Behind

Why Health is Important to Education and Schools -



“Education and health for children are inextricably entwined. A student who is not healthy...is not a student who will profit optimally from the education process.”

J. Michael McGinnis, Director (1997)
Disease Prevention & Health Promotion


Mental Health:



The successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self esteem.

-Surgeon General, 1999

- ◆ Mental health is fundamental to health
- ◆ Mind and body are inseparable

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- ◆ 21% of children 9 -17 experienced the signs & symptoms of a DSM-IV disorder during the course of a year
 - ◆ Most children who witness violence frequently show emotional, academic & behavioral problems
 - ◆ Approximately 75% of children 9 -17 in need of treatment do not receive mental health services
 - ◆ Minorities have less access to mental health services & are less likely to receive needed care

The Cost of Doing Nothing

Our failure to prevent or intervene early in a child's mental health problems results in:

- \$ Higher K-12 education costs and dramatically lower graduation rates
- \$ Increased use of expensive “deep-end” mental health services
- \$ Increased health care costs
- \$ An increased number of children in the juvenile justice system & other out-of-home placements
- \$ Suicide - the 3rd leading cause of death among children ages 10 and up

Mental Illness:



The term that refers collectively to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.


-Surgeon General, 1999

Strong evidence exists to support early investments in a child's mental health. It not only saves money, but also reduces the human pain and suffering experienced by children, youth, and families.



It is the smart thing to do - and the right thing to do.

✧ The impact of mental illness on overall health and productivity is profoundly under recognized.



✧ According to NIMH, 2.5 to 5 million children are not learning/achieving in school because of social, emotional or behavioral barriers

✧ Children with emotional or behavioral disorders are at greater risk for dropping out of school

✧ Child mental health disorders persist into adulthood

✧ 74% of 21 year olds with mental health disorders had prior problems

✧ Diagnoses of mental disorders made using specific criteria are as reliable as those for general medical disorders

✱ Effective, well-documented treatment exists for most mental disorders


✱ ~~Stigma erodes confidence that mental disorders are valid, treatable health conditions~~

✱ Mental Health Disorders are Disabling

✱ As a group, Hispanic/Latino and African American children more often leave mental health services prematurely than do Caucasian children


✱ Nearly half of all Americans who have a severe mental illness do not seek treatment

✱ There is no “one size fits all” treatment for mental health disorders.



Americans are inundated with messages about success--in school, in a profession, in parenting, in relationships--without appreciating that successful performance rests on a foundation of mental health.

Emotional Disturbance:



An inability to learn which cannot be explained by intellectual, sensory or health factors.

An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

Inappropriate types of behavior or feelings under normal circumstances.

A general pervasive mood of unhappiness or depression.

A tendency to develop physical symptoms or fears associated with personal or school problems

- The term emotional disturbance is not a formal DSM-IV diagnosis




- The term is used in a variety of Federal statutes
- It does not signify a particular diagnosis
- It is a legal term that triggers a host of mandated services to meet the needs of these children

- Only 1 in 5 children with ED used mental health specialty services--twice as many received some form of mental health intervention

- 70% of children and adolescents in need of treatment do not receive mental health services
- 70% of children with a diagnosis and impaired functioning received mental health services from the schools
- For nearly half the children with serious emotional disturbances who received services, the public school system was the sole provider
- Schools are often the primary providers of mental health services for children

Comprehensive School Health



Includes a broad spectrum of activities and services which take place in schools and their surrounding communities that enable children & youth to enhance their health, develop to their best potential, and establish productive and satisfying relationships to their present and future lives.

(National Association of School Psychologist 1997)



Why Schools Need to be Involved in Mental Health

- ④ School success is inextricably related to mental health
- ④ School failure is strongly related to untreated mental illness
- ④ School suspension and expulsion are predictive of involvement with the juvenile justice system
- ④ Mental health services provided by schools can be integrated into the curriculum.
- ④ Offering services in the schools improves treatment access

School-Based & School-Linked Services:

The focus of school-based and school-linked services is to bring nonacademic services that support families, children, and youth into school settings. Schools are the only institution with which virtually all children and families have contact.

National Association of School Psychologists 1997




Do School Psychologists provide mental health services?



If a school psychologist provides any of the following:

- Consultation to school staff &/or parents regarding social/emotional needs of children/youth, positive behavior supports, classroom/school approaches
- Screening, evaluation, identification, & referral for children exhibiting emotional disturbances
- Providing interventions to students with chronic behavior/emotional needs
- Providing staff development
- Planning & implementing appropriate academic & other educational supports

- Providing small group &/or individual counseling
- Conducting functional behavior assessments

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- Providing resources & information to school staff &/or parents
 - Measuring progress & improvement both for individuals & also for programs
 - Coordinating the referral of children/families to other service agencies, related to mental health (case management)
 - Specific skills instruction

....then the school psychologist is providing mental health services.

Guidelines for Mental Health Services in Schools




General Domains for Intervention in Addressing Student's Mental Health:

- Ensuring academic success
- Promoting healthy cognitive, social emotional development & resilience
- Addressing barriers to student learning & performance
- Providing social emotional support for students, families, & staff

Components of Effective Mental Health Programs:

- Family Centered/Driven Services
- Primary prevention
- Intervention early after the onset of problems
- Interventions for severe, pervasive, &/or chronic problems
- Assessment for initial screening of problems
- Assessment for diagnosis & intervention planning
- Referral, triage, & monitoring/management of care
- Direct services & instruction
- Coordination, development, & leadership
- Consultation, supervision, & in-service instruction

Assuring Quality:

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- Parents are integral to the design, implementation and evaluation of services
 - Program / services are available, accessible, & attractive
 - Programs & services are integrated
 - Systems & interventions are monitored
 - Interveners have appropriate knowledge & skills

Assuring Quality:



- Differences among students/families are valued
- Empirically-supported interventions are used
- Legal and Ethical issues are addressed

Outcome Evaluation and Accountability:



- ☒ Short-term outcome data
- ☒ Long-term outcome data
- ☒ Reporting to key stakeholders
- ☒ Using outcome data to enhance intervention quality

Delivery Mechanisms and Formats



- ☒ School-financed student support services
- ♀ School-district mental health unit
- ♀ Formal connections with community mental health services
- ♀ Classroom-based curriculum and special “Pull Out” interventions
- ♀ Comprehensive, multifaceted, and integrated approaches

Why Medicaid?



- ◆ 10.6 million children are uninsured
- ◆ 7.1 million live in families below 200% of poverty
- ◆ 6.7 million (90%) would be eligible for Medicaid or SCHIP
- ◆ 69% of uninsured children are in school or have siblings who are in school

Funding



- General Education
- Special Education
- Health Insurance/Medicaid/S-CHIP
- Private Pay
- Grants/Demonstration Projects

What is Medicaid?



- ◆ Title XIX of the Social Security Act of 1965
- ◆ A federal-state/local partnership to provide health care to low income individuals
- ◆ Provides medical care for 1 in 4 children - approximately 36 million participants
 - ♫ 3 out of 5 children living in poverty
 - ♫ 1/3 of all births

The Big Questions???

- ◆ Is the interest in Medicaid about children?
- ◆ Is the interest in Medicaid about money?
- ◆ Is this about improving services or saving money?
- ◆ Can you serve more children with less money?
- ◆ Is the juice worth the squeeze?



Medicaid May Cover....

- { In-home Services,
- { School-based Services,
- { Diagnosis,
- { Evaluation,
- { Psychological Testing,
- { Crisis Management Visit,
- { Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program,
- { Case Management,
- { Transportation,
- { Equipment,
- { Individual,
- { Family/Marital,
- { Group Counseling/Therapy

What is EPSDT?



- ◆ Early Periodic Screening Diagnosis and Treatment
- ◆ Requires states to screen in four areas:
 - Health and development (which includes mental health); dental; hearing; and, vision
- ◆ EPSDT is an entitlement not unlike IDEA
- ◆ Serves as the gateway to services, OBRA '89
- ◆ Can be provided by a wide range providers

EPSDT/ Well-child Check-ups

- ◆ Birth through 21 years
- ◆ Outreach program
- ◆ Services for children in DCS custody
- ◆ Interns can assist with EPSDT visits



School Psych Role in EPSDT

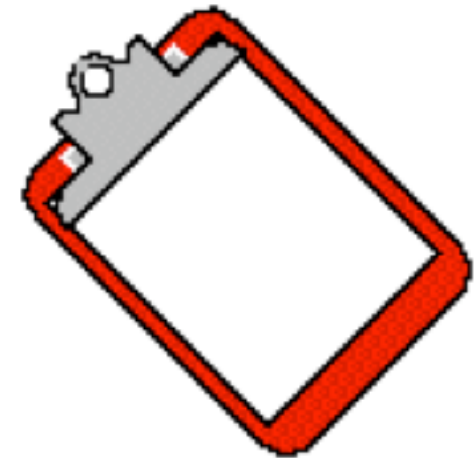


- ◆ Administer screening forms
- ◆ Parent consultation
 - Behavioral/emotional problems
 - Normative development
 - Discipline
 - Developmental delays
 - School issues
- ◆ Provide educational material
- ◆ Consult with physician

Further Research is Needed:

Studies focusing on the relationship between
Mental Health Services and:

- Academic Achievement
- Behavior
- Social/Emotional Development



Resources

- ❖ National Association of School Psychologists www.nasponline.org
- ❖ Bazelon Center for Mental Health Law www.bazelon.org
- ❖ Center for Effective Collaboration and Practice www.air.org

❖ National Mental Health and Education Center
for Children and Families
www.naspweb.org/center.html



❖ National Mental Health Association
www.nmha.org

❖ Substance Abuse and Mental Health
Services Administration
www.samhsa.gov

❖ Center for School Mental Health Assistance
www.csmha.umaryland.edu

❖ Center for Studying Health System Change
www.hschange.com



❖ Federation of Families for Children's Mental Health
www.ffcmh.org

❖ Centers for Medicare and Medicaid Services
www.HCFA.gov (may change)

❖ Urban Institute
www.urban.org

❖ Council of the Great City Schools
www.cgcs.org

❖ National Association of State Directors of
Special Education

❖ www.nasdse.org

❖ National Association of State Medicaid
Directors
<http://medicaid.aphsa.org/members.htm>

❖ The Finance Project
❖ www.financeproject.org

❖ National Association of State Mental Health Program Directors

❖ www.nasmhpd.org

❖ The Policy Maker Partnership www.ideapolicy.org

❖ Center for Mental Health in Schools
<http://smhp.psych.ucla.edu>

Credits

- Marcia Harding, Associate Director of Special Education, Arkansas
- Bill Allen, Tennessee
- Gordy Wrobel, Alaska
- Peter Whelley, New Hampshire
- Goals 2000 Report
- Centers for Disease Control and Prevention

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