**School Mental Health Coalition**

***MOVING FROM CRISIS MANAGEMENT***

***TO TEACHING EXCELLENCE***

**April 2014**

**Michigan School Counselor Association**

**Michigan Association of School Psychologists**

**Michigan Association of School Social Workers**

**School Mental Health Coalition**

**WHO WE ARE**

The School Mental Health Coalition represents three distinct disciplines employed by school systems that provide School Mental Health Services including School Counselors, School Social Workers and School Psychologists. The three disciplines often team together in schools to offer the best of each discipline. Mental health services are an integral part of the services we provide to help students achieve educational excellence.

**PURPOSE OF THE PAPER**

This paper seeks to address the gaps in mental health services for students at school, the barriers to providing service and to introduce possible solutions.

Our challenge in education is to help students, parents, and teachers overcome barriers to teaching and learning. Today, these barriers are often linked to mental health and behavioral issues. Ask any teacher what she needs in order to be able to effectively teach every one of her students and, thereby, significantly boost the overall performance of her class. She is unlikely to ask you for a new curriculum, new assessment, or new teaching technique. She will want to know how to motivate a bright student who is not doing any work; how to handle the behavior of a student who disrupts the class every day; or how to get past the disengaged stares of students. Frequently what is getting in the way is a life disruption. According to the National Institute for Mental Health, 1 in 5 children experience a serious debilitating mental disorder at some point in their life. Students move in and out of mental health and mental wellness. It is our charge to support students during all phases of health and wellness.

***ADDRESSING THE MENTAL***

***HEALTH NEEDS OF MICHIGAN’S STUDENTS***

***GAPS IN SERVICES***

* Lack of preventative services. To receive mental health services in school a student must either be in special-education or decompensate to the point where they are in crisis; if they are a general education student.
* Lack of systems for early identification of students with mental health problems.
* Lack of training for parents, teachers and school administrators in the needs of children with emotional disturbances.
* Poor coordination of efforts between the state’s mental health providers and the school mental health providers. Without a state plan to provide a continuum of mental health services for children we are challenged to find resources to address the needs of each student.
* Lack of services to teach children brain based techniques to excel in school and after graduation.

***BARRIERS TO PROVIDING SERVICES***

**The stigma and misconceptions surrounding mental illness**

* **S**tudents are reluctant to ask for help for fear of being ostracized.
* Families are discouraged from getting help due to fear of discrimination.
* School staff and families question if calling a student mentally ill will limit the student's options after graduation.
* Even though research shows that mental health is a key factor to success in school, the stigma surrounding mental illness causes the marginalization of mental health services in schools.
* The lack of resources for support personnel to implement proactive and preventative programs.

**Fragmentation of services**

* **I**n the school we provide help once the student is in special education, but often do not provide help in the general education setting because there is no provision in the law.
* In the community, mental health programs with their varying mission and complexities make it difficult to coordinate services; locate providers who are covered by the child’s health insurance; and find a treatment provider who specializes in the child’s specific condition, is a good match for the child and is sensitive to the racial, ethnic and religious issue that may be important to the child.

**Lack of resources**

* School mental health providers are spread too thin. As school mental health providers, we struggle with staff overload, lack of time, fragmented services, and disconnection between general and special education service delivery. Current staffing levels for School Counselors, Social Workers and Psychologists are well below those recommended by best practices (School Counselors 1:250, School Social Workers 1:250, and School Psychologists 1:750).

* Families who live in rural areas often have to travel long distances to receive mental health services outside of the school setting.

***SOLUTIONS***

**AddressingStigma of mental health**

* Proactive education is the key to overcoming the stigma of mental illness. There are a number of programs that are available to help students, parents and teachers understand mental health issues. As the mental health providers in the school, we can facilitate these programs. We can support programs such as Mental Health First Aid and Eliminating Barriers to Learning.
* Restore school counselors K-12 and implement a comprehensive program in every classroom so students can learn social, emotional and study skills lessons.
* Add peer-to-peer programs facilitated by the mental health professionals.
* Remove the term “special education” and replace it with a term indicating the student’s level of need (Tier I, Tier II, and Tier III).

**AddressingFragmentation of Services**

* For individual students in special education and all students who are in crisis, we can continue to work with the school administration and the community mental health providers, as well as teachers and parents, in developing a continuum of service to meet the needs of each student on a case by case basis.
* We can set up informal coalitions between the school, community mental health providers, and parents using resources such as the Mich. Dept. of Ed. *Integrating Mental Health in Schools Toolkit*.
* We can pursue grant money for school mental health programs, through the State of Michigan applying for the SAMHSA mental health grant with the assistance of the School Mental Health Coalition.
* As the mental health providers we can advocate for better coordination of services in the community and state level.
* Replace our current system of providing services to students on their assessed category with a system that allows fluid movement between levels of service according to their need

**AddressingGaps in Services**

* To aid in the early identification of students with mental health needs we can support programs such as OK-2-Say.

* Align Student Mental Health Services with the Tiers according to the Multi-Tiered Systems of Support (i.e. Tier I services for all students, Tier II services for a small targeted group , Tier III services for individualized needs - e.g.: special education), combined with adequate ratios for school mental health professionals.

* To improve the training of parents, teachers and school administrators on the needs of children with emotional disturbances we can support programs such as Mental Health First Aid.

* To address the need for preventive services and teach coping skills we can facilitate various Peer-to-Peer programs such as conflict resolution, peer mentoring to help students navigate the school culture, diversity and respecting differences, anger management, bullying/aggression, goal setting, peer pressure, health issues, parent and family issues and self-esteem.

* To address the need for programs to help students excel in school and after graduation we can facilitate programs such as character education or the Penn Resiliency Program.

**MOVING FROM CRISIS MANAGEMENT TO TEACHING EXCELLENCE**

The current system for addressing student mental health needs is geared toward crisis management, and inadequate to provide preventative services needed to ensure the safety and well-being of all students. With the increase in school related violence/shootings, mental health services can no longer be crisis oriented or viewed as “extra”. Addressing mental health issues only during the event or after the fact is not enough. Additionally, programs such as Mental Health Aid and OK-2-Say, projected to start fall of 2014, will increase the number of students who will be identified as having a need. This increase combined with our current staffing levels will create an enhanced crisis in coordinating the delivery of mental health services.In order to adequately provide appropriate mental health and wellness to students, there needs to be a structure that mandates these services, provided by school mental health professionals (School Counselors, School Social Workers, School Psychologists) to safeguard what we know is the best practice and most effective way to address mental health to all students.

The good news is that the schools already have a system in place to provide for the provision of mental health services. Our system involves three Tiers or levels of support (aligning with the Multi-Tiered Systems of Support (MTSS)). At Tier I supports are provided to all students (classroom lessons and discussions related to mental health issues/prevention). In keeping with the recommendations of the Mental Health and Wellness Commission, Mental Health First-Aid could be administered at the Tier I level. Our coalition recommends that the qualified school mental health professional be appointed to provide annual training and follow up support, as needed. According to the MTSS,70-80% of students will benefit from Tier I level of service. If more support is needed for a student to succeed, they can be referred to a Tier II level of support. In Tier II supports are provided in a small group or Peer-to-Peer format for a targeted population. In this Tier, 10-20% of students will respond to this level of intervention. In Tier III Special Education supports are provided on an individual basis, dependent upon need. It has been shown that 5-10% of the student population will benefit from this level of service. (See graphic at the end of the paper).

Currently gaps exist in our ability to fully utilize this system. School Social Workers and School Psychologists are typically funded through Title I funds, while School Counselors are funded through the General Fund. This forces services for the well-being of students to be dictated by a funding stream rather than by assessed need. With the decrease in General Fund dollars to schools, comes the elimination of school counselors. This leaves nearly 70% to 80% of elementary school students who do not rise to the level of special education services from a Social Worker or Psychologist without mental health services. This means there are no elementary counselors available and even on the secondary level, there are very limited school mental health services.

Under the current funding system, Social Workers and Psychologists cannot fill the gap in this lack of services because most of them are funded through special education which only allows them to work with the 5% - 10% of students identified as having special education needs. We know that the 10% - 20% of students who have difficulties but do not meet the criteria for having a special education disability are not receiving services at all as their needs are too great to be met through Tier I counseling services and too minimal to be met through Tier III services. These students are categorized as Tier II students.

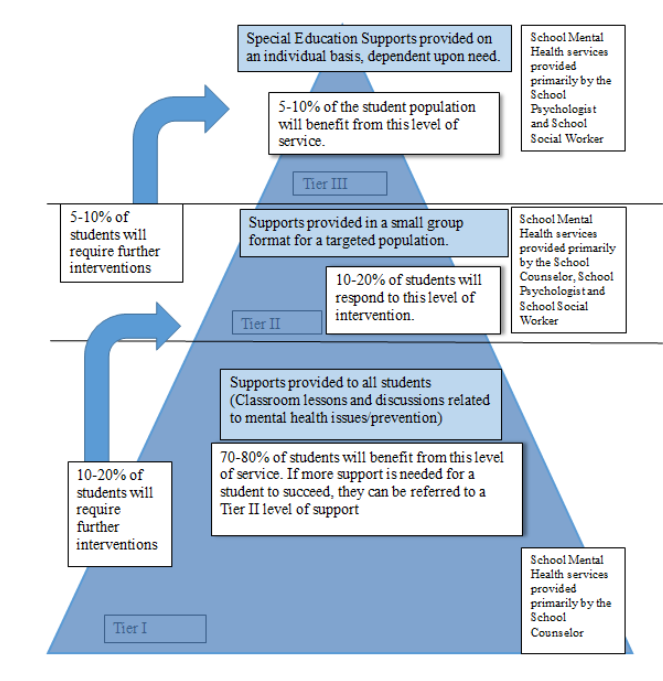
Students who have the tools to cope with their problems do not necessarily have the tools they need to excel. In recent years there have been a number of developments in brain research that have shown us techniques students can use to perform at the highest levels. We can show the unmotivated student to how become energized, the average student how to look at adversity as a challenge and the gifted student how to flourish. We often think of mental health as just being able to cope with problems but it is really so much more.

As school mental health providers we struggle with staff overload, lack of time, fragmented services, and disconnection between general and special education service delivery. We are aware of many of the problems associated with the provision of mental health services in the schools and have many ideas for solutions. We feel there needs to be a mandate from the state that says we provide services to students at each of the three tiers of our service delivery model. This would mean allowing Psychologists and Social Workers to work with all students, not just the ones in special education. It would also mean moving from the staffing levels designed for crisis management to levels designed for best practices (School Counselors 1:250, School Social Workers 1:250, and School Psychologists 1:750) . By mandating appropriate ratios as well as aligning services to student needs according to the Tiers, this would provide the necessary resources for best practices in addressing school mental health. This way we can change the focus from school safety and student engagement to academic excellence and achieving greatness.

Pilot Program

We would like to assist the department in developing a pilot project based on best practices.

Recommended Multi-Tiered Systems of Support (MTSS)



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