Children’s Mental Health in Schools:
Where we’ve been, how we got here, where we’re headed

Bridging Children’s Mental Health Conference
Sponsored by: Association of Metropolitan School Districts
November 27, 2012
University of Minnesota
Continuing Education and Conference Center

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50 Years Ago

_The Role of Schools in Mental Health_

Wesley Allinsmith and George Goethals

Basic Books, 1962
Public Law 94-142
Education of All Handicapped Children Act (EHA)

• Passed by Congress in 1975

• In order to receive federal funds, states must develop and implement policies that assure a free, appropriate public education to all children with disabilities.

• Prior to its passage, many children with disabilities, including those with serious and persistent mental health disorders, lived in institutions and received minimal or no educational services.
Before 1975 many states had laws that excluded children who were labeled “emotionally disturbed.”

At the time EHA was enacted, more than 1 million children in the U. S. had no access to the public school system.

Another 3.5 million children were warehoused in segregated facilities.
Individuals with Disabilities Education Act (IDEA)

• Replaced EHA in 1990 in order to place more focus on the student, rather than on the condition that the student may have.

• Made many improvements to the EHA.

• Defined “child with disability.”

• Provided more specific descriptions of how students become eligible for special education services.
A "child... with an intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance..., orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; AND, who... [because of the condition] needs special education and related services."
IDEA Eligibility for Services

• Having a disability does not automatically qualify a student for special education services under the IDEA.

• The disability must result in the student needing additional or different services to participate in school.
IDEA Definition of Related Services

- Does not use the term “mental health services.”

- Does include psychological services, music therapy, therapeutic recreation, social work services and parent counseling and training.

- Some of these services are eligible for third-party reimbursement.

- Services must be deemed necessary in order to assist the child to benefit from special education.
Prevalence of Mental Health Disorders among Students in Special Education


- Students with emotional and behavioral disorders have a far greater need for mental health services than does the general student population (Bullis & Yovanoff, 2006).

- In Intermediate District 287, over 90% of students in EBD programs have a previous or current mental health diagnosis.
Section 504 of Rehabilitation Act of 1973

Children with disabilities who qualify for special education are also automatically protected by Section 504 of the Rehabilitation Act of 1973 and under the Americans with Disabilities Act (ADA).
Section 504 of Rehabilitation Act of 1973

- Students with disabilities who do not qualify for special education services under the IDEA may qualify for accommodations or modifications under Section 504 and under the ADA.

- Their rights are protected by due process procedure requirements.
• Qualified students with disabilities who attend schools receiving Federal financial assistance.

• Includes students with a physical or mental impairment that substantially limits one or more major life activities.

• Requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities.
What is a mental impairment that substantially limits a major life activity?

• Any psychological disorder, such as emotional or mental illness.

• Examples of major life activities impacted by an emotional or mental illness include: thinking, communicating, and concentrating.

• Includes alcoholism and drug addiction
What are 504 Accommodations?

Accommodations are practices and procedures in these areas:

• Presentation (e.g. proctor reads questions aloud to student)

• Response (e.g. student provides oral rather than written responses)

• Setting (e.g. exams administered in small, quiet spaces)

• Timing/Scheduling (e.g. exam is untimed)
IDEA Zero Reject Rule

Parks v. Pavkovic, 753 F.2d 1397 (7th Cir. 1985) and Timothy W. v. Rochester School District 875 F.2d 954 (1st Cir. 1989).

If the student is completely incapable of benefiting from educational services and all efforts are futile—even if the child is unconscious or in a coma—the school is still required to provide educational services to the child.
Florence County School District IV v. Shannon Carter

- Shannon Carter was diagnosed with ADHD and a learning disability.

- U. S. Supreme Court Decision; November 9, 1993

- Florence County schools were ordered to reimburse Shannon’s parents for private school tuition because they had failed to adequately meet her educational needs.
How We Got Here

Over the last decade, the following have increased public school responsibility (de facto) to address student mental health needs:

- Juvenile Detention Alternatives Initiative (JDAI)
- Reduction in County-Funded Out of Home Placements
- MDE Alternatives to Suspension Grants
- Focus on reducing the “School to Prison Pipeline”
- Local police department actions in response to the use of in-school alternatives to suspension
- Increasing scrutiny regarding the use of prone restraints and seclusion in schools
Malia’s Story

• 14 year old student who lives with 23 year old sister, her legal guardian.

• Both of her parents are incarcerated.

• Two male siblings were killed in gang violence, and a baby sister died of unknown causes.

• Has three felony charges pending (one involves bringing a knife to school with the intent to assault another student), as well as a number of unresolved misdemeanors.
Malia’s Story

• Records indicate that she is of average intelligence and is suspected of having a psychotic disorder.

• School records are sketchy. Her family has been mobile.

• History of placement for one year in a residential treatment facility in Wisconsin for youth with emotional disorders. There is no record of Malia receiving special education services in the facility.

• Referred to District 287 through the Area Learning Center Plus Program (ALC Plus) due to correctional involvement.
Malia’s Story

• Assaulted an educational assistant who was trying to protect a student from Malia’s physically aggressive behavior.

• Assaulted a school resource officer who came to assist.

• Aggressed against 4 police officers who attempted to subdue her.

• Was detained at the juvenile detention center for two weeks.
Malia’s Story

• Judge issued a “no-contact” order that prohibits Malia from having interactions with three students in her small educational program.

• Judge determined that she should return to her public school setting for several weeks until her sentencing is final.

• A concern was expressed by her County mental health case coordinator that her behavior may be too violent for a residential placement.
How Many Malia Stories Are There?

In Intermediate District 287, there are usually 12 cases similar to Malia’s at any given time.
Where We’re Headed

• Schools continue to become increasingly responsible for the mental health needs of students that were previously addressed by other government and social service entities.

• At any given time, we offer on-site psychiatric consultation, manage dosing of psychotropic medication, oversee school resource officers and security guards in our buildings, attempt to meet the mental health needs of students with school social workers and school psychologists who have many other responsibilities, and oversee co-located and school-linked mental health services from community providers.
Where We’re Headed

• School facilities investments now include security cameras, computerized key cards, security door, shatter-proof glass, and reception desk screening personnel.

• Metal detectors and security wands are becoming more prevalent.
What We’re Equipped to Provide:

Positive Behavioral Interventions and Supports (PBIS)

Social Emotional Learning (SEL)

Character Education

Mental Health Training for Staff

Co-located or School-linked Mental Health Supports

Anti-bullying efforts
What We’re Equipped to Provide:

- Special Education Related Services
- School Social Workers
- School Psychologists
- Behavior Support Specialists
- School Counselors
- Connections to Community Resources
PBIS: What is it?

- Positive Behavior Interventions and Supports (PBIS) is a process for creating school environments that are more predictable and effective for achieving academic and social goals.

- For some schools, PBIS will enhance their current systems and practices, for others it will radically change the culture for the better.
PBIS: How Does it Work?

- Key strategy of PBIS is prevention.

- Majority of students follow the school’s expectations, but are never acknowledged for their positive behavior.

- Through instruction, comprehension and regular practice, stakeholders use a consistent set of behavior expectations and rules.

- When some students do not respond to teaching of the behavioral rules, PBIS schools view it as an opportunity for re-teaching, not just punishment.
PBIS: Does it Make a Difference?

- Research-based strategy that is supported by the U. S. Department of Education.

- Universal Intervention Pyramid (3-tiered approach) reduces problem behavior as a barrier to student achievement.

- Public schools have approximately 180 days each year to advance academic progress: students need to be in school in order to realize their potential.
Universal Intervention Pyramid

Response to Instruction and Intervention
   Academic and Behavioral

Tier Three
- Customized

Tier Two
- Targeted
- Additional Time and Intensity

Tier One
- Prevention
- School-wide
- All Students and Staff
- Best First Instruction with Universal Access

- Customized.
- Students that need additional targeted interventions.

- All students have access.
- Progress monitoring.
- Research based.
- Collaboration.
- High-quality instruction.
PBIS: Does it Make a Difference?

• Research-based framework that is supported by the U. S. Department of Education.

• Universal Intervention Pyramid (3-tiered approach) reduces problem behavior as a barrier to student achievement.

• Public schools have approximately 180 days each year to advance academic progress: students need to be in school in order to realize their potential.
• Bipartisan legislation supporting students’ development through social and emotional learning has been introduced to the 112th Congress by Representatives Judy Biggert (R-IL), Dale E. Kildee (D-MI), and Tim Ryan (D-OH).

• The Academic, Social, and Emotional Learning Act of 2011, HR 2437 will expand the availability of programs that teach students skills such as problem-solving, conflict resolution, responsible decision-making, relationship building, goal-setting, and self discipline.
Collaborative for Academic and Social Emotional Learning (CASEL) Framework

Social & Emotional Learning Core Competencies

- **SELF-MANAGEMENT**: Managing emotions and behaviors to achieve one's goals.
- **SELF-AWARENESS**: Recognizing one's emotions and values as well as one's strengths and challenges.
- **SOCIAL AWARENESS**: Showing understanding and empathy for others.
- **RESPONSIBLE DECISION-MAKING**: Making ethical, constructive choices about personal and social behavior.
- **RELATIONSHIP SKILLS**: Forming positive relationships, working in teams, dealing effectively with conflict.
What Schools are Not Equipped to Provide:

Diagnosis of mental health disorders

Restrictive interventions that are used in residential facilities e.g. psychotropic medication PRN

Psychiatric advice to parents

Primary mental health treatment

Hospitalization
What Schools Are Not Equipped to Provide:

- Regularly managing assaultive behavior
- Medication management
- Family therapy
- Chemical dependency treatment
NEEDS

RESOURCES

THE TIPPING POINT
Conclusion

Please join us in our efforts to support the mental health of children in schools; collaborating now may reduce the necessity for restrictive County and State support in a young person’s future.

Help us develop a bridge between what we can do well with that which we can’t.