

Chapter VIII

CHILDREN'S MENTAL HEALTH



Introduction

School-based Mental Health Supports and Services
School-based and School-linked Social Work Services
Mental Health Diagnosis and Treatment Planning
Collaboration and Intervention
Web-based Resources
Coordinated Services
Third Party Billing

Chapter VIII: Children's Mental Health

Objective: To describe the role school social workers have in identifying, providing treatment and coordinating services for children and youth with mental health disorders.

Introduction

Both special education and general education students may present with mental health problems ranging from difficulty adjusting to a new school or a family change, to bullying behaviors, to more serious psychiatric and developmental disorders. Addressing students' mental health needs plays a critical role in improving their academic performance. School social work services such as individual or group counseling, referrals and developing behavior intervention plans are aimed at addressing mental health needs of students. School social workers may conduct mental health screenings as a required component of Social/Emotional/Behavioral evaluations for special education. All students who meet eligibility criteria for Emotional/Behavioral Disorder must have a mental health screening as part of their evaluation.

School social workers, as licensed mental health professionals and practitioners employed by school districts provide a valuable service to both students/families. School social workers also provide a service to school staff members (teachers, administrators, paraprofessionals) that may have little training and experience in the area of children's mental health. School social workers provide information about mental illness to school staff in many informal ways. By acting as "translators" with teachers and administrators, social workers are able to help them understand a student's behavior as it relates to their mental health disorder. School social workers also work cooperatively with teachers and other staff to develop interventions for those students at school to help accommodate for their disability. "A Teacher's Guide to Children's Mental Health" published by the Minnesota Association for Children's Mental Health can be a valuable resource for helping teachers and administrators understand common mental health disorders in children.

School social workers should familiarize themselves with resources available in the community for students and families who may need mental health services outside of school. For students with severe emotional disturbance (SED), school social workers may make a referral to the local county system for case management services. Given their training and standards, school social workers are uniquely positioned within the school community to provide coordination of services to students and their families. They are an integral part of the school team, and they understand school, family and social systems. School social workers focus on both internal and external factors that influence learning. They are skilled in bringing diverse individuals or groups together and fostering an environment that is safe and respectful.

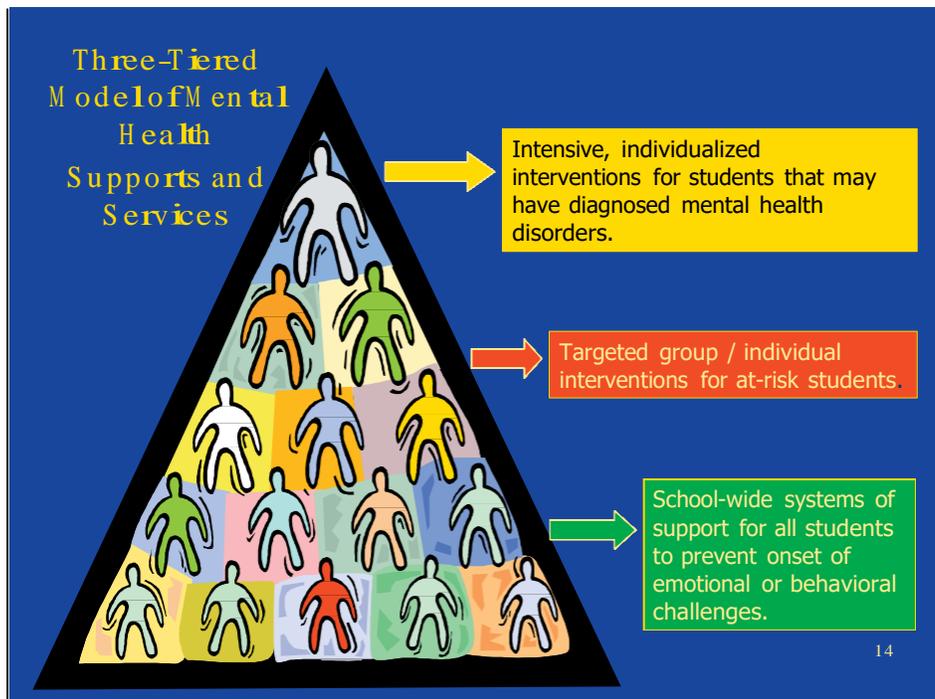
Some school districts require school social workers to document and bill a third party for mental health services they provide to special education students that have social work as part of their Individual Education Program. These social workers may be involved in completing diagnostic assessments, provide individual or group skills training and supervise paraprofessionals that provide personal care services to students.

School-based Mental Health Supports and Services

Schools have a long history of providing mental health supports and services to children and youth. The term “school-based mental health supports and services” is understood to mean any mental health supports and services delivered in a school setting .

Mental health and other health-related problems left untreated can have a negative effect on learning and school performance. There are various programs and initiatives in the education setting that have been developed for purposes of prevention, promotion of positive social and emotional development in children, early intervention, crisis intervention and referral for mental health diagnosis and treatment. Student support service programming in schools addresses a range of concerns (e.g., school adjustment, attendance problems, dropout prevention, abuse, relationship difficulties, emotional upsets, delinquency and violence). National estimates indicate that 70-80 percent of children and youth with diagnosed mental health disorders receive mental health services from the school, and for many, the school system is their sole source of care (Rones & Hoagwood, 2000 ; Burns, Costello, Angold Tweed et al., 1995).

The 1999 report entitled Mental Health: A Report of the Surgeon General (U.S. Department of Health and Human Services, 1999) stated that one in five children and youth have a significant mental health need during their school years. Mental health disorders in children and youth put them at increased risk for poor school performance, delinquency, early pregnancy, substance abuse and violence (Minnesota Department of Human Services, 2000).



Schools have developed many strategies to meet the mental health needs of their students. The three-tiered model for school-based mental health supports and services refers to the full continuum of programs and services that encompass efforts to promote positive development, prevent problems, respond as early-after-onset as feasible and to offer access to and coordination of diagnostic and clinical mental health treatment services. In an integrated

service system, student support services personnel (school social worker, school psychologist, school nurse and school counselor) services are embedded with the instructional efforts of the school. This personnel promotes healthy development and serves as the link to community-based resources.

The logic of this three-tiered approach is derived from the public health approach to disease prevention. Primary school-wide prevention is provided to all students and focuses on giving students the necessary pro-social skills that prevents the establishment and occurrence of problem behavior. Schools that implement school-wide systems of mental health supports and services increase their capacity to support students who present challenges by shifting away from solving behavior problems through traditional responses such as suspension and exclusion.

Some students will be unresponsive or unsupported by school-wide prevention strategies, and more specialized interventions will be required. Secondary or targeted group/individual interventions are characterized by instruction that is more specific and more engaging. The goal of targeted intervention is to reduce or prevent the likelihood of problem behavior occurrences by students identified as at-risk. Early identification for students with or at risk for mental health disorders followed by early intervention can mitigate the severity and duration of these problems and reduce personal, social, educational and financial costs to the student, and family, as well as the education and health systems.

At the secondary level, building teams begin to analyze data on individual students and groups of students with similar needs in order to provide more individualized and targeted instruction and intervention.

A small proportion of students will require highly individualized and intensive interventions. The goal of tertiary level interventions is to reduce the intensity, complexity and impact of the diagnosed mental health disorder by providing supports that are appropriate and person-centered and coordinated with community-based services. Wraparound and interagency planning are common at the tertiary level .

Student support staff will have a significant role in the implementation and viability of the three-tiered model of mental health supports and services in Minnesota Schools.

¹Kutash, K., Duchnowski, A.J. & Lynn, N, (2006). *School-based mental health: An empirical guide for decision-makers*. Tampa, FL: University of South Florida, The Louis de la Parte Florida Institute, Department of Child & Family Studies, Research and Training Center for Children's Mental Health.

²Rones, M., Hoagwood, K. (2000) *School-based Mental Health Services: A Research Review Clinical Child and Family Psychology Review*. 3(4): 223-241.

³Burns, B.J., Costello, E.J., Angold, A., Tweed, D. et al. (1995) Children's Mental Health Service Use across Service Sectors. *Health Affairs*. 14(3): 149-159.

⁴U.S. Department of Health and Human Services (2000) Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Found at: www.surgeongeneral.gov/cmh/childreport.html.

⁵Minnesota Department s of Human Services, Children's Mental Health Division, Basic Facts and Figures about Children's Mental Health in Minnesota: A look at the Publicly-funded System, December, 2000, page 3.

School-employed and School-linked Social Work Services

School-employed (school based) social workers are hired by the school district to provide services, including mental health services to students and families, such as prevention, assessment, treatment and coordination and collaboration. School-linked or co-located social work services (contracted) are social workers hired by an outside community agency to provide supplemental services in the school setting. Both school social workers and community social workers are licensed by the Minnesota Board of Social Work and are licensed mental health professionals or practitioners. School-based social workers are also licensed by the Minnesota Department of Education. There are many factors that must be considered when contracting for an outside agency to provide school linked services. Some factors may include confidentiality, on site supervision, billing and available office space. It is important to recognize that school social workers adhere to the same code of ethics, including confidentiality that agency social workers must follow. School- employed social workers, as members of the school team, may provide mental health services to all students, including therapy. A school social worker who holds a Masters Degree in Social Work and is a Licensed Independent Clinical Social Worker can bill a third party for mental health services provided in the schools. School- linked social workers may provide specific mental health services such as a mobile team completing assessments or grief and loss groups. It is extremely important that school-employed social workers are involved with the discussions, contracting and implementation of school- linked social work services. This will help ensure that services are not duplicated and that effective collaborations between schools and community agencies will flourish. It is also important to note that school-based social work services can provide continuity of care since they are available during the school day for crisis and other non-scheduled events.

Mental Health Diagnosis and Treatment Planning

School social workers are often consulted about students who have been diagnosed with mental illnesses or when there is a concern that a mental illness that has not been diagnosed exists. School social workers who are licensed at the Licensed Independent Clinical Social Worker (LICSW) level may be involved in diagnosing students in schools. At other times, diagnosis of a mental illness is done outside the school setting by other mental health professionals in the community. In such a situation, the school social worker often performs a case management role for the student and family within the school setting, communicating with

the various other professionals who also work with the student outside the school and with the members of the Individual Education Program (IEP) team within the school setting.

In the role of case manager, the school social worker is frequently the person who serves to explain the diagnosis to members of the interdisciplinary team and helps them understand the illness, the diagnosis and best practices for intervention. The Diagnostic and Statistical Manual of Mental Disorders DSM-V is commonly used for diagnosis of mental disorders. It uses a five-axis classification system. Axes I and II are used for the majority of mental disorders. Axis I is used for most mental disorders, but Axis II is used for such chronic conditions as cognitive impairments and personality disorders. Axis III presents general medical conditions that are relevant to understanding a mental disorder. Axis IV reports information related to a student's psychosocial environment (e.g., family issues or a history of abuse). Axis V is reserved for the Global Assessment of Functioning (GAF) scores on a 100 point scale (Pomeroy & Hopson, 2006).

The school social worker should remain current on best practices for treating the mental health disorders likely to arise in the setting in which he or she works and be able to help the IEP team determine ways to help make the school-based interventions, as documented in the IEP, compatible with interventions the student may be receiving away from the school (such as hospitalization for the mental illness, medication, and/or therapy with a psychiatrist). Communicating with outside treatment sources often is best done by the school social worker, always after obtaining informed permission from the parent or guardian.

In some situations, county agencies provide additional mental health services for students with diagnosed mental illness and their families and the school social worker may also coordinate with the county services through collaborative teams that provide wraparound services to students. As a member of these "wrap" teams, the school social worker may also be the person to contact emergency mental health services should a crisis arise with the student during the school day.

In the role of case manager, the school social worker communicates with family members about the services being provided and the student's progress at school and about changes in treatments and family situations that may arise.

When the IEP team determines that mental health services are needed and appropriate, the school social worker may be one of the providers of mental health services within the school setting, including crisis intervention and individual or group skills training.

Pomeroy, E.C., & Hopson, L. (2006). Understanding the use of mental health classifications and DSM-TR in schools. In C. Franklin, M.B. Harris, & P. Allen-Meares (Eds.) *The School Services Sourcebook*. (pp. 175-184) New York: Oxford University Press.

Children's Mental Health Collaboration · Intervention

School social workers are in a unique position given their skills in social work and their location within schools to facilitate collaboration with teachers, parents and community services to meet the mental health needs of students at school. For one hundred years, school social workers have been the link between school, home and community resources in the effort to reduce

barriers to school access and achievement for all students. School social workers combine their case management skills with their knowledge about children's mental health prevention, identification and treatment to increase services to students with mental health needs at school through collaboration. As school-based mental health providers, school social workers have greater natural access to students, staff and parents than other community services. This greater natural access increases student access to mental health diagnosis, treatment, referral and coordination of services across home, school and community. Coordinated services and school-based mental health services improve outcomes for students with mental health needs.

Working in collaboration with school social workers promotes children's mental health and school-wide social emotional learning interventions, provides in-service training on recognizing signs and symptoms of mental health needs in children, facilitates early identification and treatment, develops needed supports and services and consults with teachers on how to understand and apply therapeutic strategies within the classroom that target the emotional and behavioral needs of the student. Through consultation and collaboration, a school social worker increases staff confidence, skills and sense of control in implementing emotional and behavioral interventions for differing mental health needs. Increased staff skills in implementing strategies for emotional and behavioral needs helps students generalize therapeutic skills learned during specialized services to school environments, playground, classroom, bus, hallways and lunchroom.

Working in collaboration with school social workers helps parents recognize signs and symptoms of mental health needs, connect and access school and community supports and services; interpret diagnostic and treatment information, understand emotional and behavioral needs; develop skills and confidence in implementing strategies and interventions at home, and coordinate school and community resources. Parents gain confidence with an increased understanding and skill in applying strategies for the emotional and behavior needs of their child. When home and school collaborate and coordinate strategies the student is helped to generalize therapeutic skills across environments which improves outcomes for students with mental health needs.

Wraparound planning is a collaborative intervention approach utilized by school social workers to coordinate home, school and community resources for students with emotional and behavioral needs. Wraparound increases a student's chance of school success through additional resources and supports that are coordinated through a team process. The Wraparound approach is a child and family strength-based needs-driven process that utilizes both formal and informal resources. The Wraparound team is identified by the family and often comprises of the child, family, friends, natural supports, teachers, agency service providers and other significant persons in the child's life. This team works together to create an individualized service plan. The Wraparound plan reflects child-family strengths, sets goals and implements strategies utilizing formal and informal resources across school, home and community. Wraparound goals have measurable outcomes and are monitored on a regular basis. School social workers can act as resource coordinators and facilitate the wraparound process or participate as a team member through their school involvement with the student and family.

School social workers work in collaboration with other community agencies to identify and develop resources to address the unmet mental health needs of children, reduce fragmentation of mental health services for school age children and reduce barriers to treatment and care. As school-based mental health providers, school social workers coordinate any school linked

mental health services provided through their school.

Atkins, L.M. (2003) School Social work: Meeting the Mental Health Needs of Students through Collaboration with Teachers, Children and Schools, Vol. 25, No. 4, pp. 197-209

Sabatino, C.A. (2006) Collaboration and Consultation: Professional Alliances for Children, Families and schools. In Constable, Massat, Flynn & MacDonald (6th eds.) School Social Work Practice, Policy and Research (pp339-366) Chicago: Lyceum Books Inc.

Web-based Resources

Background information about Children's Mental Health

Mental Health: A Report of the Surgeon General

<http://www.hhs.gov/surgeongeneral/library/mentalhealth/home.html>

President's New Freedom Commission Report

<http://www.mentalhealthcommission.gov>

Fact Sheets about Mental Health Disorders

Minnesota Association for Children's Mental Health

Mental Health Fact Sheets in English and Spanish

Early Childhood Mental Health Fact Sheets

www.macmh.org

Minnesota Department of Human Services

Link to Fact Sheets on Anxiety, Depression, Autism, ADHD, Conduct Disorder

in English, Spanish, Vietnamese, Somali and Hmong

<http://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/a-z/index.jsp>

NAMI Fact Sheets <http://mn.nami.org/info.html#facts>

National Institute of Mental Health Health

Information Quick links

<http://www.nimh.nih.gov/index.shtml>**National Association of School Psychologists**

NASP Fact Sheets and position papers_

<http://www.naspcenter.org>**School Psychology Resources Online**<http://school-psychology.org/>**Teen Mental Health Problems: What are the Warning Signs?**National Mental Health Information Center <http://www.mentalhealth.org/publications/allpubs/ca-0023/default.asp>**Being Alert to Indicators of Psychosocial and Mental Health Problems**

UCLA School Mental Health Project/Center for Mental Health in Schools

<http://smhp.psych.ucla.edu/>

(Search Resource Aid Packets: Screening/Assessing Students: Indicators and Tools)

Parent/Family Resources**Children's Mental Health Network**<http://www.cmhnetwork.org/>**Minnesota Association for Children's Mental Health**www.macmh.org**National Alliance for the Mentally Ill-Minnesota**<http://www.namihelps.org/>**PACER Center**

Parent Advocacy Coalition for Educational Rights

<http://www.pacer.org>**Resource Mapping****School Mental Health Project /Center for Mental Health in the Schools**<http://smhp.psych.ucla.edu/>

(Search: Technical Aid Packets-Resource Mapping)

Evidence-based Practices**Center for Early Education and Development**

University of Minnesota

<http://education.umn.edu/ceed/>

Positive Behavioral Interventions and Supports (PBIS)

<http://www.pbis.org/main.htm>

The Collaborative for Academic, Social and Emotional Learning

<http://www.casel.org/home/index.php>

Intervention Central

<http://www.interventioncentral.org>

What Works Clearinghouse (US Dept of Education)

<http://www.w-w-c.org>

Links to other web resources**Center of Excellence in Children's Mental Health**

University of Minnesota

www.cmh.umn.edu

Center for School Mental Health Assistance

<http://csmh.umaryland.edu/index.html>

Minnesota Department of Health

Minnesota Children with Special Health Needs

www.health.state.mn.us/mcshn

Minnesota Department of Human Services Children's Mental Health

http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_000162.hcsp

National Early Childhood Technical Assistance Center

<http://www.nectac.org/default.asp>

National Technical Assistance Center for Children's Mental Health

Georgetown University Center for Child and Human Development

<http://gucchd.georgetown.edu/67211.html>

Research and Training Center on Family Support and Children's Mental Health

Portland State University

<http://fsrtc.ahslabs.uic.edu/>

School Mental Health Project-UCLA

<http://smhp.psych.ucla.edu/>

Research and Training Center for Children's Mental Health

University of South Florida-Tampa

<http://rtckids.fmhi.usf.edu/>

The **American Indian Health** web site is an information portal (links to many other Native websites) to issues affecting the health and well-being of American Indians._

<http://americanindianhealth.nlm.nih.gov>

Student Support Services Organizations

American School Counselor Association
www.schoolcounselor.org

Minnesota Association of Resources for Recovery and Chemical Health (MARRCH-
school section)

www.marrch.org

Minnesota Department of Education - Special Education

<http://education.state.mn.us/MDE/StuSuc/SpecEdProg/index.html>

Minnesota Department of Education - School Health

www.mnschoolhealth.com

Minnesota School Counselors Association (MSCA)

<http://www.mnschoolcounselors.org/>

Minnesota School Psychologist Association (MSPA)

<https://www.msponline.net/>

Minnesota School Social Worker Association (MSSWA)

www.msswa.org

National Association of School Nurses

www.nasn.org

National Association of School Psychologists

www.nasponline.org

School Nurse Organization of Minnesota (SNOM)

www.minnesotaschoolnurses.org

School Social Worker Association of America

www.sswaa.org

POSITION PAPER: THE ROLE OF SCHOOL SOCIAL WORKERS IN COORDINATED SERVICES

By Debra Schreiner-Brecht, Kathy Lowry, Anne McInerney and Pat Juaire, Minnesota School Social Work Association
Cindy Shevlin-Woodcock, Minnesota Department of Education

The National Association of Social Workers (Standard #14) states: “social workers as systems change agents shall identify areas of need (and) work collaboratively to create services.” It is the position of the Minnesota School Social Work Association that school social workers are uniquely qualified and positioned to mobilize the resources of local education and community agencies, working across systems to meet the needs of students and families.

History of Social Work

Social work history is rich with examples of coordinated services. In the early 19th century, social workers worked with immigrant families in large industrial cities to develop needed services. This was accomplished through collaboration and coordination with school and community leaders, politicians, clergy, and employers. Social work services at school began when “visiting teachers” made home visits to parents and their students. This communication resulted in better attendance and school success.

School social workers today continue this rich tradition, with a central focus on coordination of services. Training and standards of practice provide the framework that defines this role.

Social Work Training and Standards of Practice

Minnesota school social workers have a Bachelor’s or Master’s Degree in Social Work, and are licensed by both the Board of Teaching and the Board of Social Work. Professional preparation and experience in problem-solving, systems theory, empowerment perspective, and strengths-based approach give school social workers the training necessary to facilitate the coordination of services for students and their families.

Social workers follow standards of practice determined by the National Association of Social Workers (NASW). Several standards, including #14 in the opening paragraph, speak to the role of social workers in collaboration and coordination of services. Standard #9 states, “social workers shall work collaboratively to mobilize the resources of local education and community agencies to meet the needs of students and families.”

IDEA, the Individuals with Disabilities Act, states that school social work services include “mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program” and that school social workers “work in partnership with parents and others on those problems in a child’s living situation (home, school, and community) that affect the child’s adjustment to school.”

Finally, one of eight objectives in Minnesota Statute 125A.023 states that school social workers should “coordinate multi-disciplinary evaluation and assessment of children with disabilities.”

How School Social Workers' Provide Coordination of Services

Given their training and standards, school social workers are uniquely positioned within the school community to provide coordination of services to students and their families. They are an integral part of the school team, and understand school, family, and social systems. School social workers focus on both internal and external factors that influence learning. They are skilled in bringing diverse individuals or groups together, fostering an environment that is safe and respectful.

The coordination of services begins when the school social worker learns of a student experiencing difficulties at school. The school social worker then provides leadership to:

- 1) Help determine the area(s) of concern affecting school progress. At this point the student may begin to receive individual or group counseling/therapy with the school social worker.
- 2) Identify school personnel, family members, and/or agencies who could be helpful as part of a collaborative team.
- 3) Bring the identified team together to facilitate communication and joint planning in identifying strengths and areas of concern, goals, strategies, including the active role of each team member in supporting the plan.
- 4) Work to create resources and/or services that are not yet available.
- 5) Monitor the action plan by communicating with team members.
- 6) Call a meeting of the team to share information, evaluate progress of plan, and make necessary changes.

Conclusion

School social workers are trained, qualified professionals who work with families and communities to coordinate services across systems. These services are necessary to help children and youth achieve success in the academic setting, secure future employment, and promote good citizenship.

School social workers are an integral part of the interagency service system in every community.

November 2003

Third Party Billing

School social workers may be involved with a school district's efforts to seek third party reimbursement for mental health services and/or personal care services provided to students. This is a brief summary of the school social workers role in third party billing.

Legislation Mandating Third Party Billing

Section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360) and amended section 1903(c) of the Individuals with Disabilities Education Act (IDEA) permit Medicaid payment for medical services through the IEP. Since July 1, 2000, Minnesota Statute 125A.21 mandates that school districts seek reimbursement from insurers and similar third parties for IEP health-related services. Receiving payment for an IEP health related service requires that a student meet eligibility for special education. IEP health related services include speech therapy and audiological services, occupational therapy, physical therapy, mental health services, nursing, paraprofessional services, special transportation services, oral language interpreters and assistive technology devices.

Mental Health Services & School Social Work as an IEP Health Related Service

Since the legislation above was passed, several school districts have developed procedures allowing them to receive third party reimbursement for IEP health related services. Mental health services are identified as billable IEP health related services. Mental health services that are eligible for reimbursement as IEP health related services are individual and group skills training, crisis assistance, psychological testing and IEP evaluations. IEP evaluations are billable only if completed by a mental health professional or school psychologist and psychological testing is only billable when completed by a licensed psychologist. Skills training and crisis assistance are eligible for reimbursement when provided by a mental health professional (e.g. a school social worker licensed as a LICSW) or a mental health practitioner under the clinical supervision of a mental health professional. In order to receive third party payment for skills training and crisis assistance, a student must meet the criteria for emotional disturbance (ED), severe emotional disturbance (SED) or serious and persistent mental illness (SPMI). One component of meeting this criterion is completion of a diagnostic assessment that is completed initially and updated annually.

When school social work service is listed as a related service on the service grid and in the adaptations section of an IEP, these direct services may be eligible for third party reimbursement. Many school social workers complete special education evaluations and provide special education students with crisis assistance. Many of these services are eligible for third party reimbursement. School social workers licensed at the LICSW level, may also provide supervision to paraprofessionals providing billable personal care services to students.

For a complete description of billable services and requirements, reference the Minnesota Department of Human Services website for IEP Program Providers at www.dhs.state.mn.us/provider/iep. The IEP Technical Assistance Guide provides school districts with information needed to seek third party reimbursement for all IEP health related services.