Schools and Mental Health Project
Summary of January 26, 2017 Public Hearing

Project Background

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is exploring how California schools address children's mental health needs. The goals of the project are to ensure that children with mental health needs are identified early and receive evidence-based treatment to improve academic and socio-emotional outcomes.

To support this project, the MHSOAC is facilitating a series of public hearings, public engagement and community forums, and conducting site visits to understand children's mental health needs, the barriers and challenges to early identification and treatment, existing gaps in services, and model programs and solutions. This project will also explore past and present initiatives related to schools and mental health and build on these efforts.

Public Hearing Summary

The first public hearing before the full Commission was hosted by Sacramento County Superintendent of Schools, MHSOAC Commissioner, and project Subcommittee chair David Gordon at the Sacramento County Office of Education (SCOE). The public hearing began with a presentation by MHSOAC Commissioner and California State Superintendent of Public Instruction, Tom Torlakson, who affirmed the importance of the project and the continued support of the California Department of Education. Stakeholders and a subject matter expert addressed the Commission on: 1) the unmet mental health needs of children; 2) perceived barriers to early intervention in schools; 3) gaps in care and services; and 4) evidence-based models and solutions. Information from the public hearing is summarized in these four areas below.

The Unmet Mental Health Needs of Children

Ken Berrick of Seneca Family of Agencies presented the following data on children's mental health needs in schools. In California, 1 in 5 children have a mental health disorder. Among these children, approximately two-thirds do not receive mental health treatment or services. For children living in low- income households, unmet mental health needs are even greater, with the vast majority of children (upwards of 90%) not receiving treatment or services.

A panel of consumer advocates and parents of children with behavioral disorders provided personal accounts of how mental health needs were apparent very early in development (as early as preschool). These needs varied across consumer and parental accounts and were expressed in acting out behaviors, impulsivity and emotional dysregulation, and/or poor peer relations. The unifying theme across these personal narratives was that their (or their child's) mental health needs were not recognized early and/or adequately addressed by the education community. As Commissioner Gordon noted, too often schools operate under a "fail first paradigm" in which "children must get worse before they can better."

The lived experience of the "fail first paradigm" was reiterated by consumer and parent panelists who described the human costs of this paradigm – worsening of symptoms, declines in academic functioning, school dropout, suicide ideation and attempt, and psychiatric hospitalization.

> **It was a horribly traumatic experience to have him hospitalized and hauled out of my house by police in the middle of this horribly violent fit. But it opened a lot of doors [to services]. Now this is why we are here. Why did it have to get to this point before those doors were open? (Parent panelist, January 26 Public Hearing)**

Perceived Barriers to Early Intervention in Schools

As discussed by meeting panelists, a strong case can be made for providing mental health services in schools. First, schools can serve as highly effective sites for children's mental health screening and interventions. Second, local schools are often central to community and family life and thus present opportunities to enhance access to mental health services, increase affordability, identify problems before they become severe, and reduce stigma. Third, the interrelationship between school achievement and mental health, warrants that efforts to improve school performance must also consider social, emotional, and behavioral health (and vice versa).

However, as noted by panelists, schools are often not adequately equipped to meet children's mental health needs. Panelists including school professionals presented some of the barriers that prevent the early identification and treatment of children's mental health needs in educational settings. This list of barriers is not exhaustive, and instead captures the main themes that emerged during the panel presentations and public comment at the January 26 Public Hearing:

- Panelists made the point that schools have historically focused on children's learning and academic achievement, which serve as the primary measure of school success. Within this paradigm, mental health needs may be perceived as outside the purview of the school's responsibility and/or peripheral to learning. Although the education system has evolved to address the "whole child" model and social emotional learning, the paradigm of academic achievement (first and foremost) continues to influence school culture, policy, and where resources are directed.
- As presented at the meeting, educational survey data shows that only 1 in 3 teachers felt they were equipped to address their student's mental health needs. This finding was echoed by panel members including educators and Commissioners who felt that teachers and school personnel needed more training, guidance, and support in order to identify student mental health problems early on and successfully work with and educate these students.

> **Teachers are best at educating. That is what they are trained to do. Educators are not mental health professionals. They are not trained. Many times you hear a teacher say "I don't know what it is but something is not right." I hear that all the time and I remember saying that as a teacher. I don't know what it is but I know something is just not right here. (Educator panelist, January 26 Public Hearing)**

- Specific subgroups of children may not come to the attention of educators until their mental health needs have reached a crisis level. As the panelists noted, the mental health needs of children who are quiet and shy, internalize feelings, and/or are good students are more likely to be minimized and/or overlooked by parents and school personnel (in contrast to the children who have learning disabilities, exhibit disruptive behaviors and conduct problems, and/or receive disciplinary referrals for their behavior).
- From the parent panelists' perspective, a complex and intimidating process for qualifying for and obtaining services, which often involved the Individualized Education Program (IEP).

Gaps in Children's Mental Health Services and Supports

Parent panelists shared their experiences of facing considerable obstacles in obtaining services and supports for their child, whether it be in educational, community mental health, or private insurance systems. Panelists described requesting services and supports from their child's school only to be "put off," delayed or denied in their requests (e.g., because services were not available, the child did not qualify for services). Thus, parents reported searching for answers outside of the school system from the medical and psychiatric professions, which often required referrals and long wait times for appointments. During the hearing, a school personnel panelist described her recent efforts to refer an 8-year old student to off- site mental health services in the community because of the severity of his condition, only to face a 6- month long process of attempting to connect this child and his family with services and supports. She stated she felt there was this implicit distrust between the schools and county behavioral health departments which was augmented by a lack of structure and clear process for client referrals and data sharing, and resulted in delays in children receiving treatment.

Thus, parent panelists said they felt that there were limited treatment or educational options for their child (e.g., medication management only, removal from the classroom) and insufficient coordination across systems of care. These concerns were particularly amplified for parents of children with complex needs. Parent panelists, each of whom had been through the IEP process with their child, discussed that their child's medical and psychiatric providers were generally not included in IEP meetings. According to these parents, there was no communication or care coordination occurring between the various systems other than the sharing of student/client records. Ultimately, parent panelists expressed feeling frustrated and alone in navigating systems in which there was a diffusion of responsibility.

> **There is definitely a lot of finger pointing of whose job it is…you go to the medical community and (they say) those are supports that the school should be providing. And you go to the school and they say we don't provide those supports, so you just end up with medication but no one wants to handle the support that goes with that. (Parent panelist, January 26 Public Hearing)**

Evidence-Based Models and Solutions

Panelists described best practices for the early identification and treatment of children's mental health needs in schools. These evidence-based practices include the Multi-Tiered System of Supports (MTSS) framework, and Positive Behavioral Interventions and Supports (PBIS) which focuses on the school environment and teaching students positive social behaviors. In these models, interventions are provided in a multi-level approach beginning with primary prevention for the school-/classroom-wide system, followed by secondary prevention for children at-risk and tertiary prevention for children at high-risk and in need of more intensive services. Children with mental health needs can be identified early in these models because multi-disciplinary intervention teams (i.e., general and special education, mental health) are in place and are continually monitoring student data to identify those in need of support.

An Evidence-Based Approach for Addressing Children's Mental Health Needs

Multi-tiered system of supports (MTSS)
Integrated, coordinated services
Multi-disciplinary teams and decision making
Data-driven practice
Parent engagement
Culturally sensitive and responsive
Trauma informed

In addition to the evidence-based models, the primary recommendations from the various panel members and stakeholders for addressing children's mental health needs were to:

1. Ensure that elementary school teachers have the education and training to recognize the signs and symptoms of mental health needs including trauma in children, know how to refer and intervene, and effectively work with these students and school mental health professionals. As noted by a stakeholder at the meeting, the California Department of Education's Student Mental Health Policy Workgroup issued recommendations for teacher and administrator credential training in student mental health and has made considerable progress in this area (For more information, visit http://www.cde.ca.gov/ls/cg/mh/smhpwpolicyrec.asp).
2. Ensure that each elementary school has at least one on-site licensed mental health professional to provide individual and group therapy services to children and their families, and ongoing training and support to teachers and other school personnel.
3. Enhance family engagement and support, especially for at-risk families who are grappling with poverty, trauma, homelessness, etc.
4. Enhance collaboration and data sharing between all systems of care – schools, county behavioral health, child welfare, and the medical community.

Next Steps

The next steps of this project include continued efforts to engage stakeholders in discussions of solutions for improving the early identification and treatment of children's mental health needs. Future site visits and project activities will include a focus on the community and best practices for family engagement and support, and on delivering an integrated system of care that includes greater collaboration between school districts and county/community behavioral health programs.

For more information, including upcoming events, please visit www.mhsoac.ca.gov.