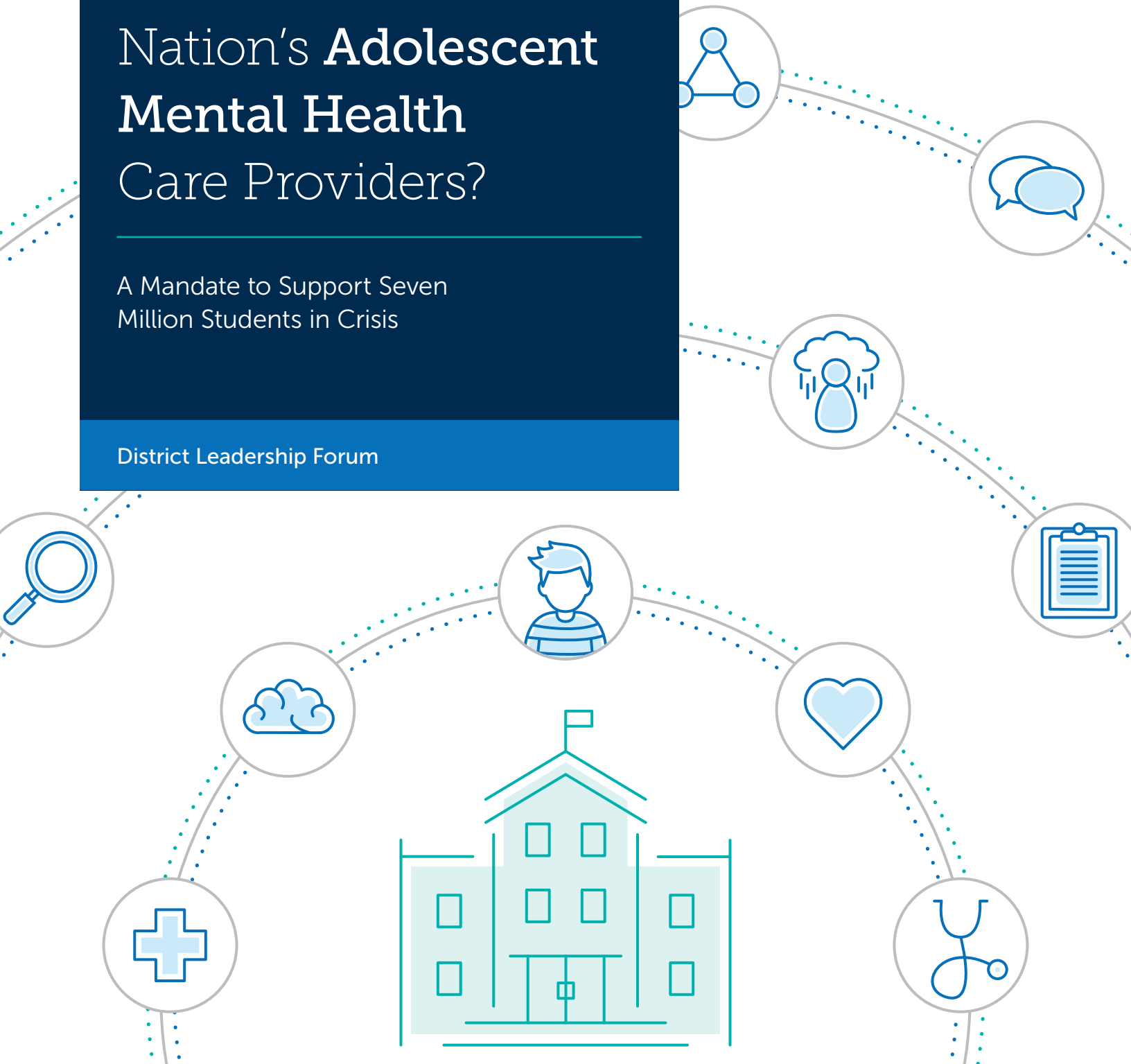




Are Districts the Nation's **Adolescent Mental Health** Care Providers?

A Mandate to Support Seven
Million Students in Crisis

District Leadership Forum



District Leadership Forum

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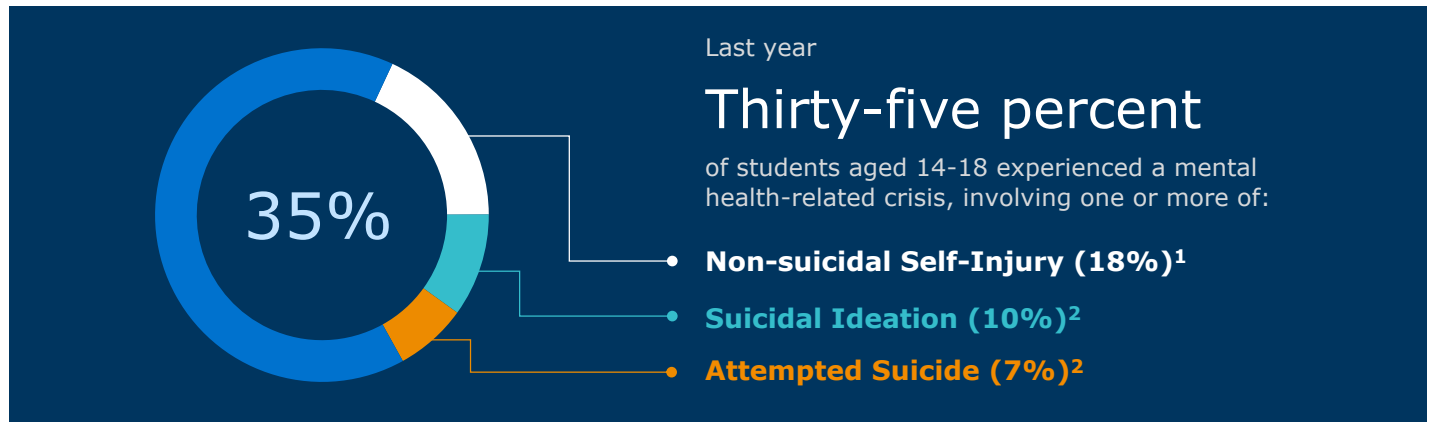
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The Adolescent Mental Health Crisis Is a National Epidemic

But Traditional K-12 Services Are Failing to Meet Rising Demand

Student mental health is a top-of-mind issue for every school district in the country. Recent surveys show superintendents in every state identify “adolescents in crisis” as a top-three concern in their schools, and serious mental-health-related crises now affect more than a third of adolescents in America.



The number of students in crisis reflects worsening trends: rates of anxiety, depression, and suicide are on the rise among teens of all demographics and household income levels. While some question if the statistics merely indicate an increase in reporting, the prevalence of suicide and self-harm indicate that we are truly seeing a growing number of students experiencing crises.

17%

Increase in the **diagnosis of anxiety disorders** in young people (aged 6-17) in the last 10 years³

80%

Increase in the percentage of **US adolescents reporting a major depressive episode⁴** per year, 2010-2018⁵

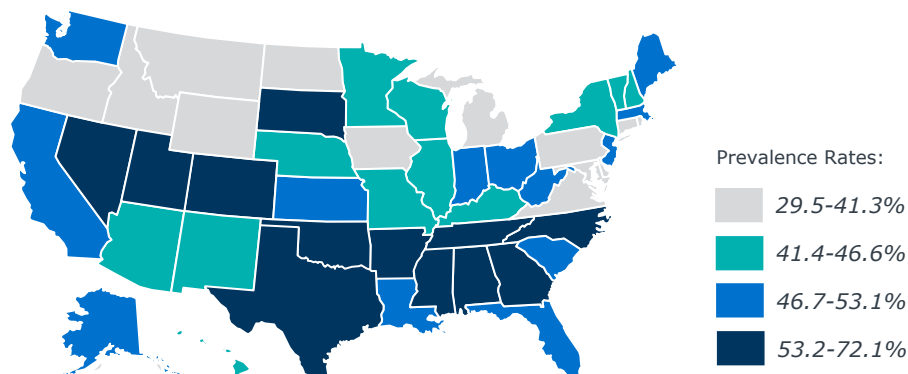
3,069

Number of suicide attempts made on average each day by students in grades 9-12^{6,7}

However, only 50% of US children with a treatable mental health disorder receive clinical care. Social stigma prevents teenagers from self-identifying or seeking help for their peers, and geographic limitations frequently prevent traditional mental health care providers from treating those who need their services the most.

Prevalence of Children with Mental Health Disorders Who Did Not Receive Care

Children aged 6-17, 2016



Social Stigma

Social stigma associated with mental health diagnoses prevents 50% of all Americans suffering from diagnosable conditions from seeking professional care

Geographic Gaps

Mental health providers often cluster, so access can vary significantly by location

Districts Becoming the First Point of Care

But Reactive, Uncoordinated Care Overwhelms Teachers and Staff

Districts are the adolescent mental health providers of necessity and choice. Students often have nowhere else to go for mental health care. Even when external care is an option, data shows that students are far more likely to utilize school-based mental health services.

75%

of children receiving mental health care **received that care in a school setting**⁸

21x

Youth are 21 times **more likely to visit a school-based health clinic** for their mental health care than a community-based clinic⁹

8 in 10

of people considering suicide **give some sign** of their intentions¹⁰

Rapid access to mental health care is essential to student success. When students struggle with psychological or emotional issues, they are more likely to be distracted in class, to be unable to attend school, or to drop out of school entirely. Districts today cannot afford not to take the lead in helping their students be well enough to engage in their education.



2x

higher rate of emergency psychiatric visits **during school weeks than non-school weeks**¹¹

“

If we don't provide students with these services in school, who will? Our community does not have these resources. As a superintendent in this school district, I have an obligation to help kids be well.

Superintendent, VA

”

50%

of students with serious mental health issues **drop out of high school**¹²



There are various barriers to mental health support at schools, ranging from social stigma to inefficient care coordination. These barriers prevent students, parents, and staff from responding to mental health challenges in a timely and effective manner, leaving many students vulnerable and unable to receive help when they need it most.

The Mental Health Crisis Poses Various Challenges to Educators, Students, and Parents



Parents

"I don't want my child seeing a mental health counselor. They'll just label my daughter and she'll never fit in with the other kids!"



Teachers

"I overheard one of my students saying he wants to harm himself, but I'm not sure if I should confront them or talk to someone else first."



Counselors

"I constantly have to cancel individual appointments to go help a student in immediate crisis, but these students I've cancelled on also need help."



Students

"Since coming back from the hospital, all my friends have been acting strange around me and I have so much homework to make up..."

Four Preventable Barriers to K-12 Mental Health Impact

Research Reveals Persistent Stigma, Fragmented Services Result in Too Little, Too Late



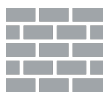
Persistent Stigma Around Mental Health Prevents Referrals

While mental health issues have become more visible, continued stigma hinders identification, referrals, and support efforts. Districts must move beyond “Mental Health Month” and instead promote year-round awareness campaigns that reach both students and their families.



Students in Crisis Are Identified Too Late

Current efforts to identify students of concern allow too many students to remain unnoticed and unsupported until they end up in crisis. Districts must develop a “safety net” of processes and protocols to identify students in need and quickly refer them to the services that they require.



Access to Care Is Inconsistent and Uncoordinated

Districts do not use all available avenues to deliver in-house care effectively, and coordination with community mental health resources is often inconsistent. Delivering scalable access to clinical care and establishing joint standards of practice between the district and community are the first steps that every district should be taking to ensure that the right supports are available to every student.



Ineffective Transitions Hamper Care Management

Poor information-sharing and lack of coordination between districts and external care providers harm student outcomes. Successful reintegration of students into a school post-crisis is perhaps the greatest area of weakness in the provision of mental health care for districts across the country.

Innovators Are Repositioning Mental Health as Wellness and Leading Coordination of Care

Nationwide, a handful of innovative districts have developed replicable and scalable practices that address each of these four barriers. EAB researchers have forged these practices into a roadmap that any district can use to build a coordinated cascade of mental health services that will effectively support students in crisis. The following pages detail one practice from each of the four critical action areas outlined below.

To learn more about the rest of this research, please contact us at eabk12communications@eab.com.

I

Reduce Mental Health Stigma via Year-Round Student and Family Engagement



1. Ongoing Peer-to-Peer Student Education and Mentoring
2. Campaign to Share Experiences Overcoming Mental Health Struggles
3. Wellness-Focused Family Workshop Series

II

Broaden and Strengthen Your Crisis Identification and Referral Network



4. Quick-Access Crisis Reference Card
5. First Responder “Handle with Care” Notification
6. Online Monitoring to Identify Students of Concern

III

Coordinate and Scale Access to Internal and External Mental Health Care



7. Group-Model Cognitive Behavioral Therapy
8. Joint District-Community Standards of Practice
9. District-Led Community Mental Health Service Allocation
10. Tech-Enabled Mental Health Support

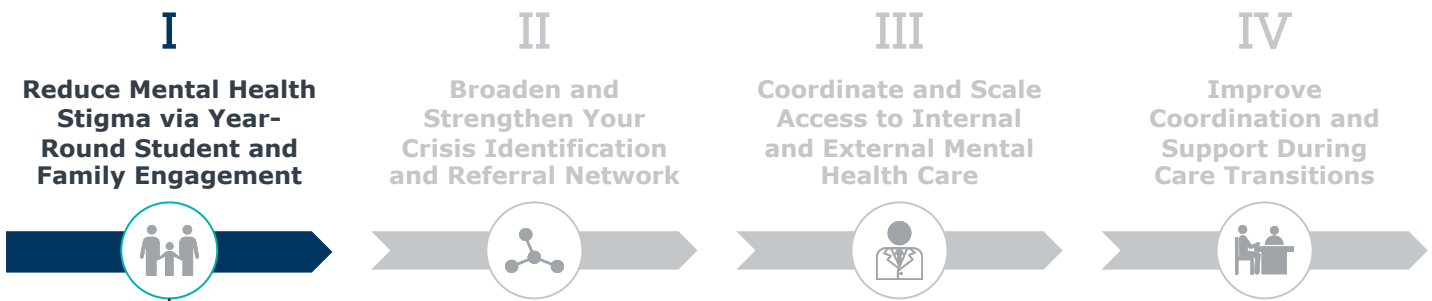
IV

Improve Coordination and Support During Care Transitions



11. External Referral Coordination Program
12. Post-Discharge Case Management
13. Coordinated Reentry Process

Develop Ongoing, Wellness-Focused Campaigns

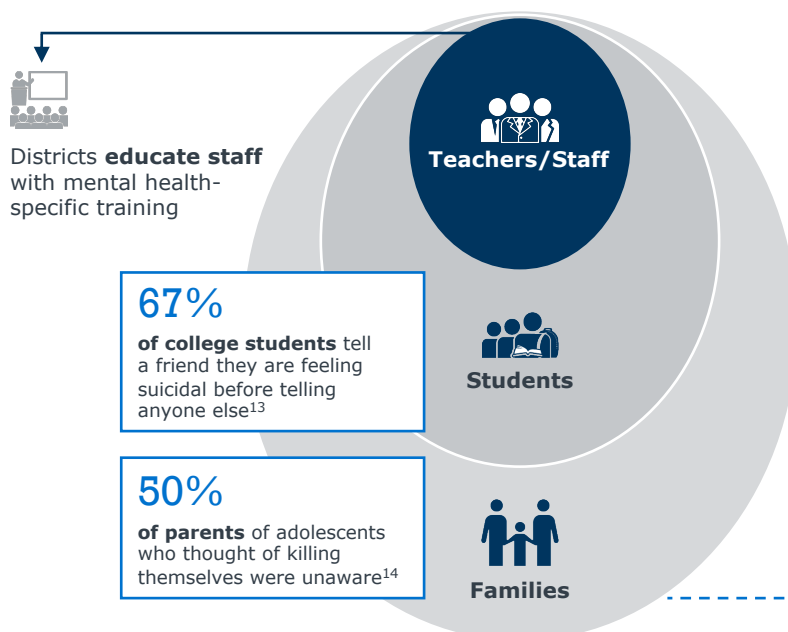


Most districts across the US already make efforts to engage students and educators in the broader mental health conversation. Stigma-reduction campaigns, mental health awareness events, and staff trainings are important components of recognizing and responding to the ongoing crisis.

However, these efforts tend to be focused around specific campaigns and events, which makes it difficult to sustain their impact. Districts need to engage the broader school community in an ongoing dialogue that normalizes mental health issues, encourages conversations about individual struggles and asking for help, and ultimately enables both students and adults to accept help without hesitation or shame.

Significant Opportunity Exists to Engage Students and Families

Districts Focus on Enabling Teachers to Recognize Symptoms, Identify Risk...



...But Limited Outreach to Students and Families Is One-Directional, Reactive



Peer-to-peer mental health outreach strategies remain underutilized



Information is shared on a **one-off basis** (e.g., mental health awareness week)



Student and family engagement **begins after a mental health crisis** has occurred



Practice Spotlight: Ongoing Peer-to-Peer Student Education and Mentoring

Hamilton Southeastern Schools, IN

Practice in Brief: Student-led mental health club that utilizes student voice to create an ongoing mental health educational campaign and to provide peer-to-peer support across the school. Aided by educators, the club becomes an effective source of information and support for the entire student body.



Solution

Mental Health Club Equips Students with Skills to Speak Openly About Mental Health and to Encourage Help Seeking



Key Elements

How to Establish a Peer-to-Peer Mental Health Club

1

Host an initial interest session

Engage students through email, flyers, social media, and word-of-mouth campaigns

2

Select 1-2 staff advisors

Look to student services or other passionate staff members who are positively connected with students

3

Identify 3-5 student leaders

Aim for student leaders across grade levels to ensure sustainability of the new club beyond the first year

4

Connect with national networks

Register with a national organization to access implementation supports and technical assistance

5

Hold weekly club meetings

Discuss opportunities to raise awareness, reduce stigma, and represent student voice in school decisions impacting mental health

6

Plan activities, events to engage wider school community

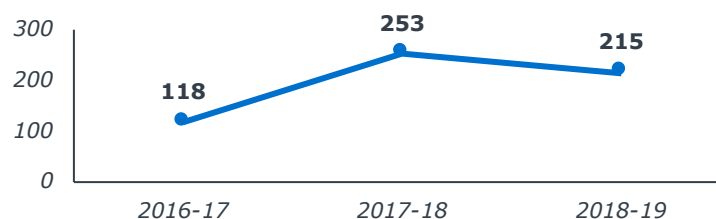
Aim for one major event per term (e.g., speaker/panel discussion, movie screening, 5K run, stress-relief activity)



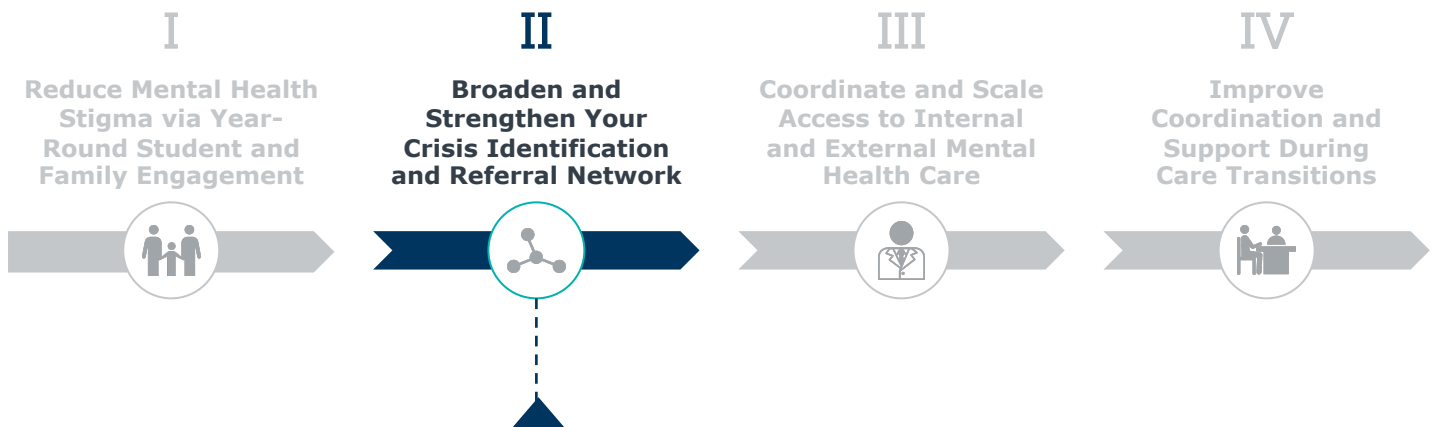
Results

Formalizing Club Structure Ensures Lasting Impact

Number of Students Assessed for Suicidal Ideation at Hamilton Southeastern Schools



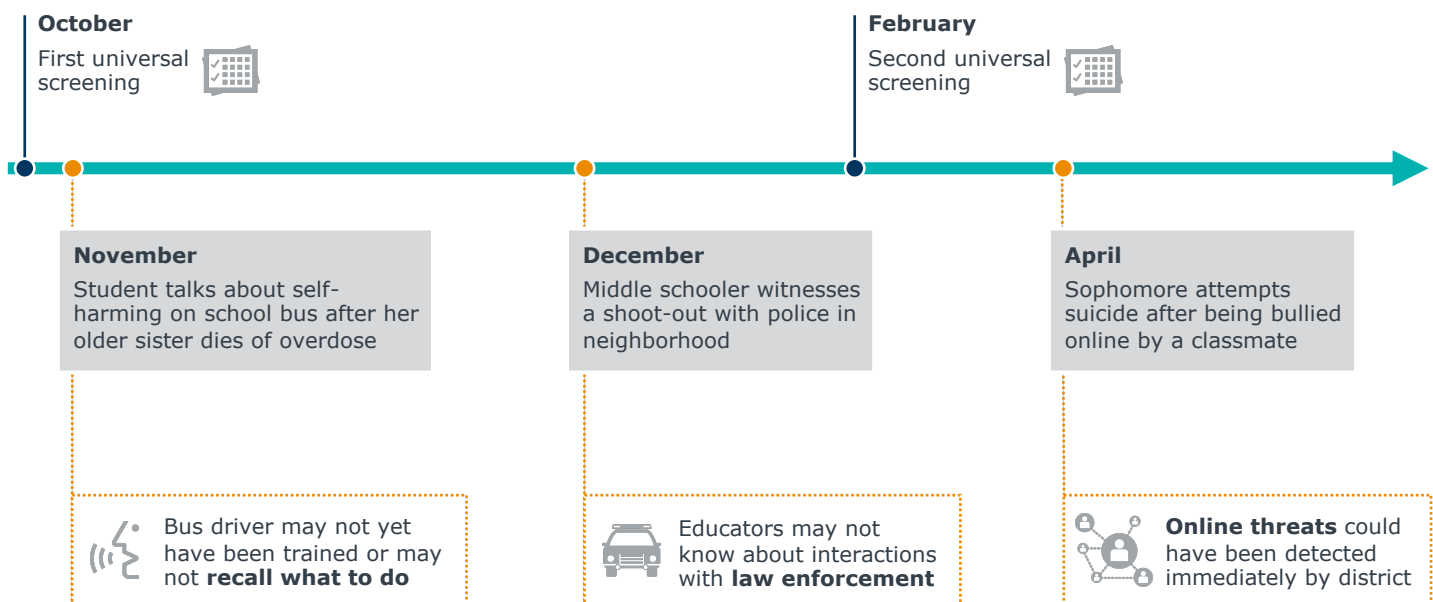
Expand Your Early Warning Referral Network



Realizing that prevention is the best response to any crisis, districts have established early warning systems that help schools identify students at risk before a crisis has occurred. These typically include staff referrals, crisis tip lines, and most importantly, universal screenings for mental health issues.

But while those systems have been successful, districts should continue to find ways to both expand and strengthen their safety net. Efforts such as cooperation with local first responders and improved monitoring of concerning online behavior ensure that districts have broader, more effective, and more immediate early warning mechanisms.

Life Events May Require Immediate Ways to Identify Students at Risk





Practice Spotlight: First Responder 'Handle with Care' Notification

West Virginia Center for Children's Justice, WV; Oklahoma City Public Schools, OK

Practice in Brief: 'Handle with Care' is an initiative that ensures educators receive prompt communication when a student is involved in (or witnesses) an incident in the community. First responders send a simple notification to the district with no incident details, alerting school staff to monitor the student and respond accordingly if needed.



Solution

"Handle with Care" Initiative Ensures Students in Oklahoma City Are Identified and Supported Early



Scope

Program Launch

Initiative starts at one district; coordinator triages cases to schools



Process

Link to district coordinator's email added to officer laptops



Impact

District received 80 notifications during 2018-2019 school year

Current Status

Program expands to 12 districts served by Oklahoma City Police Department; retains single triage point

Notification a mandatory dropdown field in police computers if case involves a minor

Coordinator has received 200 notifications during first 9 weeks of 2019-2020 school year

Upcoming Expansion

Partnership currently under consideration by Oklahoma City Fire Department

Anonymous public HWC tipline set to pilot in Oklahoma City Public Schools next year

Ongoing review by State Legislature for potential statewide expansion



Key Elements

"Handle with Care" First Responder Notification Program

Police Notification Informs Educators of Potential Concern

1. Officer speaks to student at scene of incident, records school they attend
2. Police notifies designated district staff with "Handle with Care" message
3. Notification contains no incident details, only name and school of student



School Monitors Students and Intervenes if Necessary

1. School notifies teachers and support staff that student may need attention
2. Educators observe student for signs of trauma
3. Additional support provided if student shows signs of distress



Results

Initiative Helps Oklahoma Schools Adjust Perception and Response to Student Behavior



Comes to school without homework



Falls asleep in class



Did not bring permission slip for field trip

BEFORE

Received a "0"

Withheld from recess

Was not allowed to go

AFTER

Given extra time and/or 1:1 time with teacher

Allowed to rest in Nurse's office

Parents called; child allowed to go upon verbal confirmation

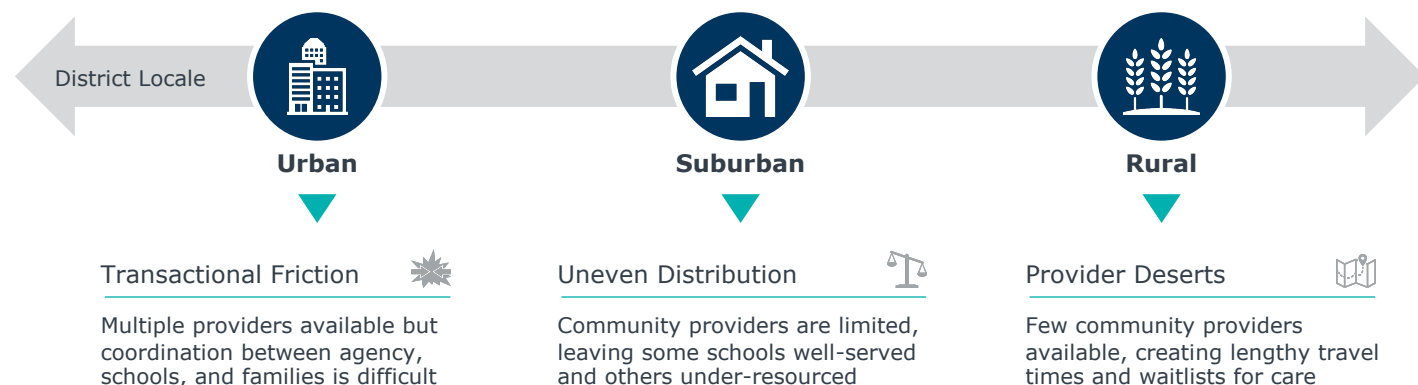
Hardwire Care Referral Pathways



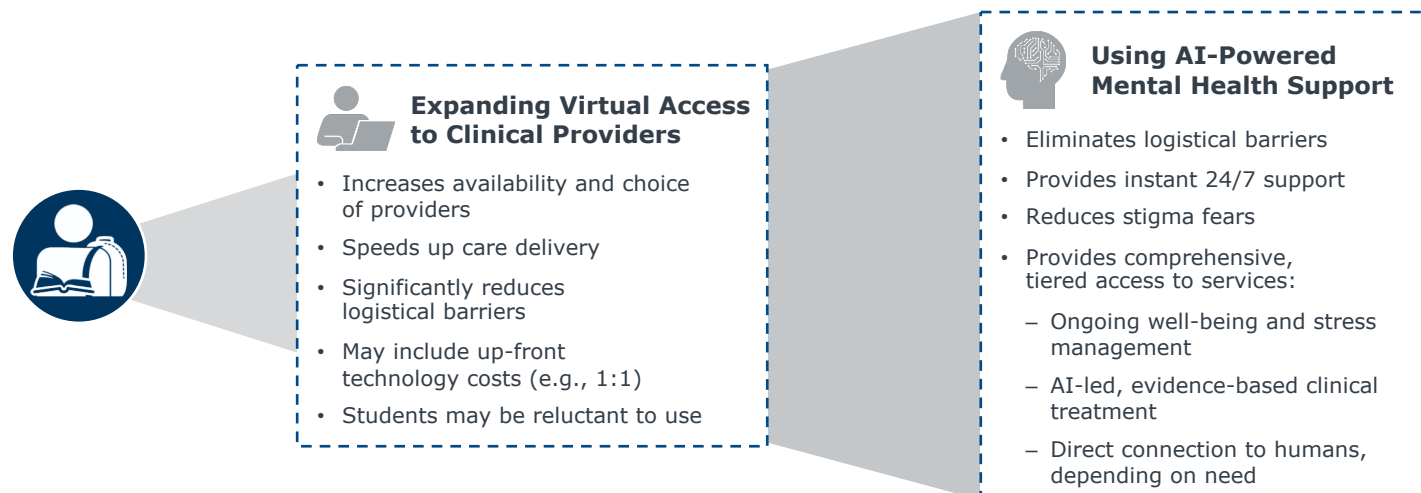
While districts need to be at the center of a coordinated system of mental health care, they cannot provide clinical expertise equivalent to that of community health care providers. This poses a critical challenge for educators: What can they do to overcome the limited availability of resources in the community?

Though accessing geographically limited resources is a major problem, emerging technologies provide effective support for students regardless of time or location. Chief among them is telemental health, which remains underutilized among schools despite its proven clinical effectiveness.

Across Locales, Districts Struggle to Provide Mental Health Care at the Right Time



Telemental Health Provides Multiple Ways to Overcome Access Barriers





Practice Spotlight: Telemental Health Support

Smithville School District, MO

Practice in Brief: Districts can contract with a mental health provider to provide telepsychiatry and virtual treatment as an option for all students. Schools reserve dedicated space for virtual meetings, aid students whose insurance may not cover care, and collect data and feedback to continually adjust service provision.



Solution

Flexible Structure Allows Virtual and In-Person Meetings, Modifies Service According to Student and District Needs

Smithville's Telemental Health Model



Adopted Teletherapy as an Option for All

Contracted with a mental health professional to deliver teletherapy to middle school and high school students



Addressed Coverage Depending on Student Needs

Clinician accepts and bills most insurance provided in the area; district finds additional resources to help students who cannot afford service



Tailored Service to Include In-Person Meetings

First meeting with students always in person; subsequent consultations may be in person or online; majority of high school students prefer online option



Adapts Service Provision According to Outcomes

Clinician sends quarterly reports to district, communicating what works, changes needed, number of referrals, students who no longer need service



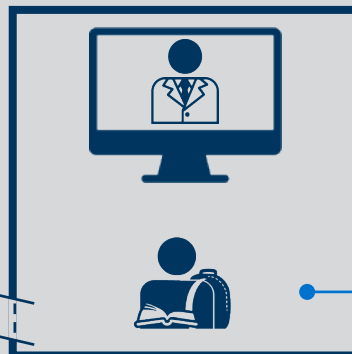
Key Elements

Creating a Safe and Effective Telemental Health Space at Schools

Dedicated, tech-equipped room allows for secure, confidential conversation between patient and therapist



Staff member can see inside room and intervene or call crisis team if necessary



Student can choose whether they like teletherapy or would like to switch to in-person care



Results

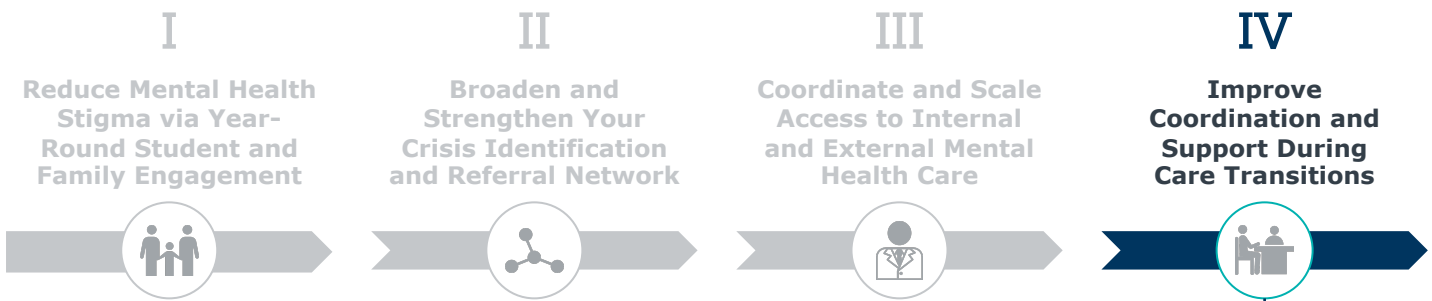
Research Shows Telemental Health Is a Proven, Effective Way to Support Students

“

...Advantages of school telemental health (TMH) include greater efficiency, the capacity for higher volume, and increased access to care for many students who would be unlikely to reach traditional community mental healthcare because of barriers such as transportation and healthcare coverage.”

Stephan et al., "Telemental Health in Schools", *Journal of Child and Adolescent Psychopharmacology*, 2016

Reduce Inefficient Transitions Between Providers



While many districts have developed protocols and processes to effectively manage crises, few have established similarly detailed and robust practices to reintegrate students after a crisis. This is particularly important for supporting students returning from mental health related hospitalizations or leaves of absence.

Students returning to school after hospitalization or a prolonged absence are at increased risk of experiencing academic and social issues and, ultimately, ending up in crisis all over again. They need continued and careful support, with a special focus on the critical first few weeks.

Following Leave of Absence for Mental Health Treatment, Vulnerable Students Disproportionately Face Emotional and Academic Challenges



5-9%

of teens require **hospitalization** or prolonged absence from school due to mental health issues¹⁵



20-30%

of youth require **rehospitalization** in the year following hospital stay for a mental health issue

Reintegration into School Routine Fraught with Challenges



Schoolwork

Homework, tests, projects pile up and become overwhelming



Social Isolation

Students face unwanted attention, questions from peers



Care Coordination

Lack of coordination between external providers, school, families



Practice Spotlight: Coordinated Reentry Process

The Public Schools of Brookline, MA

Practice in Brief: Dedicated back-to-school transition program that combines clinical care, academic support, and family engagement to ensure students returning from an inpatient hospital stay fully reintegrate into the academic process and do not relapse into a crisis.



Solution

Bridge for Resilient Youth in Transition (BRYT) Provides In-School Support for Students Recovering Following a Hospital Stay

BRYTs Integrated Framework...



Dedicated Program Leads

Clinician/Program Coordinator

Licensed professional tailors clinical support to each student

Academic Coordinator

Liaises with faculty to ensure academic progress



Formalized Reentry Meeting

Typical Participants

BRYT program leads, student, guidance counselor, school administrator, teachers, parents, school nurse

Meeting Agenda

Plan student's reentry, delineate staff responsibilities, and set dates for monitoring student progress, follow up

...Coordinates Essential Wraparound Support



Clinical Care

- Coordinating with community providers
- Providing clinical care on-site
- Monitoring student progress



Academic Support

- Organizing and completing assignments
- Discussing workloads with teachers
- Scheduling tutoring sessions



Family Engagement

- Arranging meetings between family and school personnel
- Communicating student progress with family

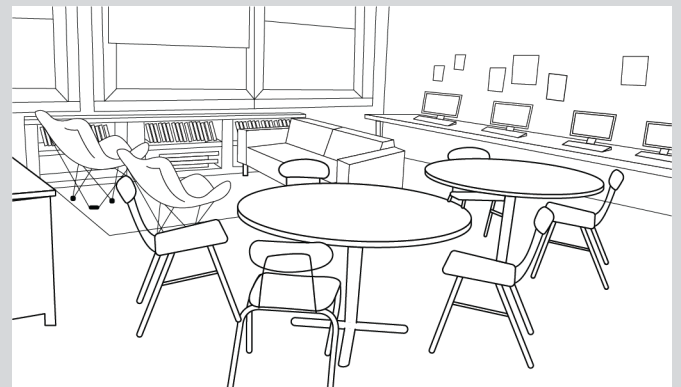


Key Elements

Designing a Successful Transition Room

- ▶ **Space dedicated solely** for transition program use
- ▶ **Staffed all day** by clinician/program coordinator, academic coordinator
- ▶ **Varied spaces** include workspace, informal seating, computers
- ▶ **Connected to an office** for family and student meetings
- ▶ **Near a building exit** enabling students to enter, leave discretely

Typical BRYT Transition Room ▼



Results

Program Yields Results, Expands Rapidly



<10%

of students require rehospitalization



82%

of program participants graduate on time



137

BRYT programs started since 2004

Each Cabinet Member Has an Important Part to Play

Focus Areas and Collaboration Priorities for District Leaders

Superintendent



- Elevates mental health as a key district-wide priority and ensures adequate support for all educators
- Negotiates collaborative partnerships between the district and local care providers
- Reduces stigma around mental health through shaping the narrative within their community

Assistant Superintendent of Instruction



- Ensures district-wide mental health strategy and initiatives are executed at individual buildings
- Balances instructional time in the schedule with time for social emotional learning and mental health
- Supports educators and students by seeking out opportunities to minimize school-related stressors

Director of Student Services



- Identifies, establishes, and supports appropriate mental health training for all staff
- Maintains and strengthens relationships and protocols with community mental health care providers
- Assesses the effectiveness of current district-wide approaches to addressing the mental health crisis

Chief Technology Officer



- Implements and monitors an early warning mental health system
- Helps district improve information and data sharing with community providers in compliance with the law
- Sets up new care solutions, such as telepsychiatry, remote everyday support
- Develops online behavior monitoring protocols and procedures



Critical IT Responsibilities for Best-in-Class K-12 Mental Health Care



Vet different software vendors and ensure their offerings comply with district data standards



Ascertain what investment is needed to support additions to the network



Determine how 1:1 availability can support district-wide mental health efforts



Establish seamless and secure communication systems between educators and community stakeholders

To learn more about how EAB supports the work of Chief Technological Officers, please contact us at eabk12communications@eab.com

Endnotes

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