



January 13, 2017

**Collaborating with  
Outside Agencies to  
Develop Strategies to  
Assist Students with  
Mental Health Issues Be  
Successful**



South Oaks Hospital  
Northwell Health

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**How to Get Started: Connecting  
with Agencies  
Strategies that Work in School  
Settings**



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## Objectives :

- Why focus on Mental Illness in the schools?
- Who needs to be involved when a student has mental health issues?
- What strategies can be used in school to assist students with mental illness?
- How can outside agencies and schools collaborate to improve the overall success for students with mental health issues?

<http://apps.npr.org/mental-health/>

# Why Focus on Mental Illness in Schools?

## Why?

“Given that suicide is the third leading cause of death of people under the age of twenty-five and that mental illness is the common precursor to this violent act, schools provide the best arena to prevent and treat students who are battling mental illness.”  
Elizabeth J. Jones



### According to the Association for Children's Mental Health

- 1 in 5 children and youth have a diagnosable emotional, behavioral or mental health disorder and 1 in 10 young people have a mental health challenge that is severe enough to impact how they function at home, school or in the community.
- Even though mental illness affects so many young people between the ages of 6-17 it is estimated that as many as 80% of them do not receive the mental health they need.

### Can't

- Youth with emotional and behavioral disorders have the worst graduation rate of all students with disabilities. Nationally only 40% of those students with emotional disabilities graduate compared to the national average of 76%; over 50% drop out of high school. Youth with unidentified and untreated mental illness often end up in jails and prisons.
- Early detection and intervention strategies work. They can improve resilience and the ability to succeed in school and in life.

## Statistics

- Suicide is the **SECOND** leading cause of death for ages 10-24.
- Suicide is the **SECOND** leading cause of death for college-age youth and ages 12-18.
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth- defects, stroke, pneumonia, influenza, and chronic lung disease, **COMBINED**.
- 4 out of 5** teens who attempt suicide have given clear warning signs

## MH Update – 10/2/16 – Cuomo Signs Landmark Mental Health Education Bill: The Voices of Thousands of New Yorkers Have Been Heard

### Congratulations! Your Advocacy Worked: The Governor Signed the Landmark Mental Health Education Bill into Law

“This landmark legislation means that when middle schools and high schools teach about health (which they are mandated to do), they will also have to teach about mental health. Currently schools must teach about alcohol and substance abuse and some cancer screenings. Now, mental health has been added to that small list and that is a great victory for all New Yorkers. While some schools already teach about mental health, many do not. This will all change with the signing of this legislation.”

( <http://wkbw.com/news/ny-law-will-require-mental-health-education-in-schools>)

(Victoria Kim 10/10/16)

**This new law will have a major impact in high schools and middle schools.**

“Over half of all individuals with mental health issues begin experiencing symptoms at age fourteen. Too often the signs are missed and young people will go without treatment for years, which impacts them academically, increases the likelihood of abusing alcohol and drugs, getting into legal trouble and in some cases tragically losing their lives to suicide completion.

“**Mental health education in schools will impact youth in a positive way by providing them with knowledge about mental health so they can recognize signs in themselves and others when help is needed. Also, mental health education in schools will provide a greater understanding of these issues and will help reduce stigma and play a role in educating youth about suicide prevention**

## Who needs to be involved when a student has mental health issues?

Educators are often in the front lines of their students lives so not only are they sometimes the first to notice symptoms of mental illness, but they strongly influence how students perceive mental health.

There is often a prevailing image society has of someone with a mental illness. The characterization is not only incorrect but also insulting. Educating all staff which includes sensitivity training will go a long way when working with youth struggling with mental health issues.

## Potential Challenges/Obstacles

- Understanding the criteria for inpatient/shift from medical/recovery model
- Decreased length of stay
- Student has not been classified/or does not meet criteria for classification
- Parents are not forthcoming with treatment plans/or lack of follow through by parents
- Long waiting lists for appointments
- Transportation
- Stigma of Mental Illness
- Parent Education

## Changing times in children's mental health: What does that mean for treatment?

The Children's Mental Health System in New York State is evolving rapidly.

The forces that influence providers present challenges as well as opportunities for positive changes. Not all the changes will be predictable.

“ The planned transition of behavioral health services into Managed Medicaid Care and the impending enrollment of eligible children into Health Homes are just two examples of the massive changes that the world of children's healthcare is about to experience.”

( Office of Mental Health, May 2015)

As a result OMH strongly encourages schools to engage in comprehensive dialogue with local providers

## Parents Role

- According to the Office of Mental Health Division of Integrated Community Services for Children and Families: “A core value of the children’s mental health system, both in NYS and nationally, is involvement of the families in all decisions affecting their child”.
- School Districts often work very hard to involve parents.
- Schools have found that linkages to family support programs lead to better school engagement.
- Students with mental illness need to be connected with counselors, psychiatrists, and school psychologists who are fully educated to diagnose and treat the symptoms with research driven approaches that work for the unique individual.

## Suicide screening in schools

### •(1) Curriculum programs

- Nationally, 15.9% of schools offer a classroom curriculum-based program
- Increase awareness, facilitate self identification and peer referral, improve coping skills

### •(2) In-service training for teachers and staff

### •(3) Universal/schoolwide suicide screening

- Pena et al comprehensive NIMH review of screening tools in high school settings found seven brief and valid instruments (Columbia Suicide Screen (CSS), Risk of Suicide Questionnaire (RSQ), Suicidal Ideation Questionnaire (SIQ), Suicidal Ideation Questionnaire JR (SIQ-JR), the Diagnostic Predictive Scales (DPS), Suicide Risk Screen (SRS), and the Suicide Probability Scale (SPS)
- In high school settings, the CSS, SIQ, and SIQ-JR tend to have a positive predictive value ranging from 0.16 to 0.33, thus they will yield a large number of false positives.

## Suicide screening in schools

### •The SOS Suicide Prevention Program

- SOS is a universal school-based suicide prevention program, includes education, screening and engagement of students
- Exposure to the SOS program was associated with significantly fewer (64% less) self-reported suicide attempts in the 3 months following the program, greater knowledge of depression and suicide and more favorable attitudes toward intervening with friends and getting help for themselves.

## Involvement of outside agencies

- For a student to meet criteria for inpatient admission the student must be actively suicidal/homicidal with plan and intent for most insurers to admit. Inpatient is only for acute situations and the expectation is to be discharged to a lower level of care as soon as they are no longer in an acute psychiatric state.
- If the school is recommending that the student should be evaluated for inpatient it is important that they encourage the parent to sign a consent for the school to be contacted, a contact person and provide any documentation relevant to the reason for the recommendation.
- \* Of note CPEP, for example is not meant for a “quick evaluation” it is a locked unit with many restrictions. If possible mobile crisis should be used first before sending to CPEP/Hospital.
- “ A school crisis is any traumatic event that seriously disrupts coping and problem solving abilities of students and school staff” ( Resource guide for Addressing Mental Health in School Crisis Prevention and Response, West Virginia 2014-2015)
- The Mobile Crisis has expanded its ability to work with children. When possible schools should use mobile crisis prior to using CPEP. Information about Mobile Crisis can be done by contacting the County of Division of Mental Hygiene.

## Continued

- Sometimes information provided by the child and parent might be missing pertinent information that may be important in determining the need for inpatient hospitalization or a referral to Partial Hospitalization.
- Local clinics can sometimes accommodate “emergency evaluations” for when a student is in an immediate crisis. Schools should reach out to local clinics and see who is willing to enter into this type of arrangement with a school district in order to get an expedited evaluation, utilizing the students health insurance.

Many Clinics have walk-in hours for ease of access.

An updated list can be obtained by from the County Division of Mental Hygiene.

Once a family has signed consents, if the child is admitted, the school district will be contacted for approval of education. The IEP, Behavioral plans can be very helpful.

## Possible strategies to assist student with a mental illness, with success in a school environment

- As indicated previously, prevention is key when working with students with mental disorders.
  - Educating students/ staff/ parents about mental illness as early as elementary school and again in middle and high school can assist with de-stigmatizing the illness.
  - Provides students with information so that if a peer comes to them and indicates suicidal ideation, they know what to do.
  - All staff should be trained to identify and report their observations of warning signs for substance abuse, violent behavior suicide and depression.
- Mental health Integration in to Primary Care Doctors offices
- Sensitivity training for all staff and students
- Encourage Parents to disclose child’s mental health needs and work as a team to create positive interventions, i.e.. Safety plans
- Encourage parents to utilize family supports in the community for education and support

## Classroom modifications/ Building Supports

- In an article by Bruce Van Stone, he describes possible strategies teachers can use in the classroom, for students with mental illness.
- Examples include:
  - “Allow flexible deadlines when the student finds a particular assignment worrisome
  - Encourage accountability and follow through, but not in ways that promote stress and discomfort
  - Ensure assignments are written down correctly
  - Post daily schedule so students know what to expect

### Model Calmness and Self-Control

Identify a place where the student can go for privacy until he/she gains self-control

Safety plan-what can they do when they are feeling.....Who can they go to when they are feeling.....

Team up with parents for effective strategies, what works at home or at school

## Encourage Peer Support

“Mental illness can be misinterpreted and under-discussed in society and as a result many youth suffer in silence.

All must be reminded that those that suffer from mental health issues deserve the same respect and dignity as those that suffer from physical health issues” (Bruce Van Stone)

This can be illustrated through lessons on the effects of stigmatization, prejudice and discrimination.

All students can benefit from learning the signs and symptoms of mental illness, substance abuse and suicide to help their peers and create compassionate and caring school culture

In other words mental illness needs to be treated without judgment or stigma so struggling students feel accepted and sustained rather than ignored or socially isolated.

## Education and Mental Health Partnerships Are Important for Schools and Communities because they Improve Child, School and Community Outcomes!

In May 2015—"The State Education Department and Office of Mental Health strongly encourage school districts and local mental health systems to partner to ensure that children with mental health needs have improved access to services. " As a result, there has been proven improvement of early intervention and support which fosters better educational outcome.

Improved engagement of the students  
Increase in attendance and reduction in drop outs  
Staff being better prepared to address students needs

Mental health providers linking with community based services supports for child and family

# QUESTIONS?

## Resources

[http://wvde.state.wv.us/counselors/documents/addressingmentalhealth\\_resourceFINALforBoard.pdf](http://wvde.state.wv.us/counselors/documents/addressingmentalhealth_resourceFINALforBoard.pdf)

[http://digitalcommons.brockport.edu/cgi/viewcontent.cgi?article=1599&context=ehd\\_t\\_heses](http://digitalcommons.brockport.edu/cgi/viewcontent.cgi?article=1599&context=ehd_t_heses)

<https://www.omh.ny.gov/omhweb/Childservice/docs/school-based-mhservices.pdf>

[http://www.air.org/sites/default/files/downloads/report/Challenges%20to%20Mental%20Health%20Agency%20Partnerships\\_2.pdf](http://www.air.org/sites/default/files/downloads/report/Challenges%20to%20Mental%20Health%20Agency%20Partnerships_2.pdf)

<http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7A-CEE165C701D9%7D/Mental%20Health%20SMH%20CBP%20powerpoint.pdf>

<https://www.omh.ny.gov/omhweb/Childservice/docs/school-based-mhservices.pdf>

[https://www.omh.ny.gov/omhweb/resources/what\\_local.pdf](https://www.omh.ny.gov/omhweb/resources/what_local.pdf)

<https://www.thefix.com/ny-gov-cuomo-signs-law-mandating-mental-health-education-middle-and-high-schools>



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## Resources Continued

<http://docplayer.net/14484537-Nassau-county-department-of-human-services-office-of-mental-health-chemical-dependency-and-developmental-disabilities-services.html>

<https://www.omh.ny.gov/>

[http://www.granvilleschools.org/Downloads/Mental\\_Health\\_Fact\\_Sheets\\_Minnesota\\_Association\\_for\\_Childrens\\_Mental\\_Health2.pdf](http://www.granvilleschools.org/Downloads/Mental_Health_Fact_Sheets_Minnesota_Association_for_Childrens_Mental_Health2.pdf)

<http://schoolmentalhealth.org/Resources/Educ/MHClassroomFactSheet.pdf>

<http://www.suffolkcountyny.gov/Portals/0/health/pdf/04-07-15%20Directory%20of%20Resources.pdf>

<https://211longisland.communityos.org/zf/taxonomy/detail/id/530819>

[http://southshorechildguidance.org/programs-services/childrens\\_mobile\\_crisis\\_team.html](http://southshorechildguidance.org/programs-services/childrens_mobile_crisis_team.html)

<https://www.omh.ny.gov/omhweb/transformation/docs/li-mit.pdf>

[http://farmingdaleps.schoolwires.net/cms/lib02/NY01001906/Centricity/Domain/132/Quick\\_Reference\\_Guide\\_May\\_2009.pdf](http://farmingdaleps.schoolwires.net/cms/lib02/NY01001906/Centricity/Domain/132/Quick_Reference_Guide_May_2009.pdf)

<https://nassaucountyny.gov/DocumentCenter/View/1739>

<http://www.mhanc.org/documents/138.doc>

<http://apps.npr.org/mental-health/>

<http://www.acmh-mi.org/get-help/navigating/problems-at-school/>

<http://www.teachmag.com/archives/7220>

<http://www.Teachmag.com/archives/category/disabilities>



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## Thank You

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