Objective

- Learn how to develop, structure, and lead effective school-based mental health programs in partnership with local school districts.

School-Based Mental Health Programs

- In school-based mental health programs, counseling services are provided on-site at the school.
- School-based mental health programs partner with schools to identify children and adolescents in need of intervention.
- School-based services provide more frequent sessions to children who need counseling services and decrease no-show rates.
- School-based services decrease absences for students by making their counseling services available on-site at school.
Carolina High School

Variance in School-Based Programs

- Each state, county, school-district, and community mental health center approaches school-based services differently.
- Some states, counties, districts, or centers have no school-based programs established.
- Some areas use private companies to provide school-based mental health treatment.
- Some states and areas use public community mental health centers to provide school-based mental health services, including South Carolina.

South Carolina Department of Mental Health

- The South Carolina Department of Mental Health is comprised of a network of 17 community mental health centers. SCDMH also has 3 nursing homes and 6 inpatient psychiatric facilities.
- The South Carolina Department of Mental Health is dedicated to the development of school-based programs across the state. Our goal is to provide a mental health professional in every school.
- Each of the 17 community mental health centers is autonomous and has its own approach to school-based mental health programs.
The South Carolina Department of Mental Health is comprised of 17 community mental health centers, 6 inpatient facilities, and 3 nursing homes. Each community mental health center serves a defined geographical area, as shown in this map.

SCDMH School-Based Programs across South Carolina

School-Based History in SC and Greenville

- SCDMH began developing school-based mental health programs in 1993. Bryson Middle School in Greenville County was the first school with a school-based mental health therapist that was provided by Piedmont Center for Mental Health Services.
- Greenville Mental Health Center began its school-based program in 1994.
- Since that time, Greenville Mental Health Center has been dedicated to expanding access to school-based services, now serving 41 of the 45 schools in its area.
In April 2013, Greenville Mental Health Center added it’s 23rd school-based mental health program.

AJ Whittenberg Elementary School of Engineering

Beck Academy will be Greenville Mental Health Center’s 41st school-based mental health program beginning in the Fall of 2017.

Beck Academy Middle School

Greenville Mental Health Center’s School-Based Model

* Greenville Mental Health Center maintains a one-counselor-to-one-school model, which we feel is the best model for school-based mental health programs.
* With this model, the school-based therapist integrates into the school setting and becomes part of the school “family.” When a clinician is stationed at a school full-time, both the school and the clients have access to the school-based therapist daily and when needed.
* Having a daily presence in the school allows school-based therapists to partner with schools in recognizing students who need interventions and bring them into mental health services.
Greenville Mental Health Center’s School-Based Innovations

- In 2013, GMHC piloted stationing bachelors-level behavior coaches in school-based programs alongside masters-level school-based therapists. Our behavior coaches work with students who need frequent behavioral support. This program has expanded to four schools.
- In 2017, GMHC began stationing second school-based therapists in schools with high caseloads or high levels of client need.Currently, two schools are served by multiple therapists in this model, and more will be added in the coming years.

Greenville Mental Health Center’s School-Based Innovations

- This year, GMHC began partnering with West Greenville School to provide school-based psychiatric services. This program is scheduled to begin in the 2017-2018 school year.
- GMHC has developed an Early Intervention Program that is beginning to partner with Greenville County Schools’ child development centers for early intervention and prevention with pre-school children and their families.

Greenville Mental Health Center’s School-Based Innovations

- GMHC continues to seek ways to partner with alternative schools, which are served by school-based therapists but are not served full-time due to a lack of year-round student population.
School-Based Therapists

- Provide mental health services in the school setting to students and families who are open with the agency.
- Partner with school faculty and staff to identify students and families in need of counseling and mental health services.
- Educate school faculty and staff on mental illness, trauma, emotional disorders, and behavioral disorders occurring with students.
- Partner with schools for prevention and intervention plans.

School-Based Mental Health Services

- Individual Therapy
- Family Therapy
- Group Therapy
- Crisis Intervention
- Assessment
- Behavior Modification
- Psychosocial Rehabilitation Services
- Family Support Services

Defining Roles of Professionals in Schools

- School-Based Therapists
  - Provide mental health services in the school setting to students and families who are open with the agency.
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Defining Roles of Professionals in Schools

**School Counselors / Guidance Counselors**
- Provide individual and group counseling services to students and families for the purpose of guidance in academic, vocational, or career issues in addition to social or emotional needs of students
- Provide guidance services in the classroom setting
- Facilitate the infusion of counseling content into the regular academic curriculum by consulting with teachers and/or acting as resource person
- Develop schedules and curriculum flow for all students
- Monitor progress toward graduation requirements
- Serve as a resource for standardized testing interpretation

**School Social Workers**
- Arrange parent conferences, including transportation, if needed
- Assist in securing clothes, shoes, and medical care for students
- Connect parents to appropriate community agencies
- Serve as a liaison between the home, school, and community
- Promote regular attendance through early interventions
- Provide information on child abuse and neglect
- Consult and collaborate with school personnel
- Develop and provide training and educational programs for parents and school staff

**School Psychologists**
- Psychoeducational evaluation of students ages 3-21
- Consultation with parents and school personnel
- Assistance in the identification of students with disabilities
- Implementation of in-service training and workshops
- Assistance to teachers with classroom management techniques
- Assistance to school personnel in developing effective interventions and strategies to meet students’ unique learning, behavioral, and social / emotional needs
Multi-Tiered System of Response

School-based therapists often work most with students who are Tier 3 and need specialized and individualized care due to emotional and behavioral difficulties. School-based therapists also work with school staff to develop Tier 1 school-wide interventions and Tier 2 interventions for groups of at-risk students.

Graphic from https://www.pbis.org/school/mtss

Benefits to Schools

- Crisis episodes are handled on-site.
- The school-based therapist has contact with students, faculty, and administration daily.
- Schools can partner with the school-based therapist to provide individualized services and plans for students.
- School-based mental health programs connect students, who may not otherwise get services, to counseling, especially those with internalizing symptoms (Weist, Myers, Hastings, Ghuman, & Han, 1999).

Crisis Intervention, Assessment, and Behavior Modification

When a crisis occurs, school-based therapists can respond in real-time with crisis intervention, assessment, or behavior modification.
Benefits to Clients and Families

- Barriers to receiving treatment like transportation, scheduling, and school absences are significantly reduced when mental health services are available on-site at school.
- Students have access to the therapist during moments of need rather than having to schedule appointments days or weeks in advance.
- Students receive counseling services more frequently, most often at least weekly, because therapists have smaller caseloads and more flexible schedules.
- Crisis services can be given immediately by the student’s therapist.
- School-based therapists broaden the student’s support network in the school.

Group Therapy

Individual Therapy: Defense Mechanisms
School Support

- In addition to the clinical services and interventions, school-based therapists offer support to school faculty and staff. Many therapists conduct staff development workshops and trainings.
- School-based therapists regularly collaborate with teachers, administrators, and other mental health professionals, which is a best practice for school-based mental health programs (Weist, Sander, Walrath, Link, Nabors, Adelsheim, et al., 2004).
- School-based therapists participate in developing and implementing prevention programs in partnership with their schools.

Collaborating with the School

After weeks of individual therapy and group therapy, students created a display of their shields and battle plans to combat negative defense mechanisms. This creation was a collaboration between West Greenville School and their school-based mental health program.

Our Community, Our Schools: A Case Study

- Capp’s (2015) community mental health center in Southern California experienced difficulties with schools in which they were providing school-based mental health services. Difficulties included:
  - Declining referrals from schools served by the school-based therapists.
  - School-based therapists being unable to generate more referrals from schools due to lack of time. Some therapists were only in their schools a half day each week.
  - Schools treating therapists as “guests” rather than integrated parts of their school team.
  - School-based therapists not having time to collaborate with school faculty due to time limitations from requirements for billing and clients needing to meet diagnostic qualifications.
Our Community, Our Schools: A Case Study

- When Capp’s (2015) team stationed counselors in an elementary, middle, and high school full-time, the results included:
  - Enthusiasm and investment from the schools.
  - Increased students accessing services.
  - Successful initiation of services with students who have had barriers to engaging in treatment previously including “lack of transportation (to attend therapy sessions), parent work schedules, funding, and inadequate treatment from other sources” (Capp, 2015).
  - Significantly increased collaboration between teachers/administrators and school-based therapists.

District Partnership

- Partnering with your local school district is an important first step. Your mental health agency would need to establish a contract or memorandum of agreement with the school district in which you would like to develop school-based mental health programs.
- GMHC has a Memorandum of Agreement with each school served. These schools provide an office, a computer, and a phone for the school-based therapist.

District Partnership

- GMHC does not receive funding from Greenville County Schools. Each of our school-based mental health programs is sustained through billing for services.
- Conflicts between mental health centers and school districts regarding school-based mental health programs often occur over money, space, and roles. Be sure that any contract or MOA developed is done with legal counsel, that all expectations for financial agreements are clear, and that all roles the counselor, your agency, the school, and the district are expected to fulfill are specified.
Finances

• GMHC’s school-based mental health programs are each sustained by direct billing. The majority of clients who access school-based mental health services are on Medicaid, but private insurance and self-pay populations continue to increase.

• Enough direct billing to sustain a school-based mental health program is made when each school-based therapist spends at least 53% of his or her time providing direct services to clients and their families. For a 40-hour work week, that translates to 21.2 hours of therapeutic services.

Barriers

• Finances are the main reason we hear for mental health centers choosing not to expand services into more schools or maintain one-counselor-to-one-school models. Often centers fear that a school will not provide enough clients and that their school-based programs will then cost money.

• In our experience, a caseload of 15-20 clients could maintain a counselor's needed level of productivity for the position to be financially solvent. Most schools, especially middle and high schools, have 18-21 students who need interventions from a school-based therapist.

Need for School-Based Mental Health

• 1 in 7 children in the U.S. ages 2-8 have a diagnosable mental, behavioral, or developmental disorder (Bitsko, R.H., Holbrook, J.R., Robinson, L.R., Kaminski, J.W., Ghandour, R., Smith, C., et al., 2016).

• 13% of children and adolescents ages 3-17 have a diagnosable mental disorder (Perou, R., Bitsko, R.H., Blumberg, S.J., Pastor, P., Ghandour, R.M., Groer, J.C., et al., 2013).
Need for School-Based Mental Health

- 6% of adolescents have a serious mental or behavioral health diagnosis (Jones, Pastor, Simon, & Reuben, 2014).
- 6-15% of students need Tier 2 or Tier 3-level interventions for behavioral deficits (Positive Behavior Interventions and Supports, n.d.)
  https://www.pbis.org/school/mtss.
- A small school with a population of 250 students, according to these statistics, would have at least 15 students who were exhibiting significant behavioral and emotional difficulties that would benefit from school-based mental health services.

School-Based Services When School is Out

- Part of the mission of a community mental health center is to keep clients in the community. We do not want our clients removed from the community and placed in DSS or DJJ custody, hospitals, or residential treatment facilities.
- For children, home and school issues are targeted in counseling throughout the school year. While these services help their functioning in home and school settings, time for community needs is scarce. To keep children in the community, we must target community-based functioning.
- When school is out of session, clients have more time to target their community-based functioning. Often, these clients also need a structured environment that is removed when school is not in session.
- During the school year, clients are engaged by the school district in Community-Based Instruction (CBI) field trips that are aimed at improved independent living and vocational skills. These trips are not available when school is not in session.

Intensive Community-Based Services

- Our school-based mental health programs maintain continuity of care for our clients through focusing on these community functioning needs during times when school is not in session through our Intensive Community-Based Services Program.
- Using engaging, in vivo interventions, our counselors provide group and individual services that help clients become healthier members of their communities.
- By ensuring that our services are engaging for the clients, no-show rates are drastically reduced during no-school periods.
ICBS Ropes Course
The ropes course at YMCA’s Camp Greenville.

ICBS Ropes Course Example
- This activity challenges clients differently based on their strengths and difficulties. Therapists work with each client on strengthening skills and promote using peer support when needed.
- On a ropes course, a client dealing with anxiety would be confronted with a situation that provoked his anxiety. He would use skills to overcome negative thinking and to engage in a challenging social or goal-directed activity.
- On the same course, a client with Oppositional Defiant Disorder would be confronted with strict rules, directions, and structures along with multiple authority figures. In this situation, he would use skills to improve compliance and positive relationships with adults and peers.

Research
- Further research is needed to determine if school-based programs are more effective when counselors are stationed in schools full-time with a one-counselor-to-one-school model.
- High quality research evaluating school-based mental health services is lacking (Bains & Dialo, 2015).
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<tr>
<th>Results</th>
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<td>• In 2016, 136 School Administrator Surveys were completed for GMHC’s school-based mental health programs. These surveys were completed by principals, assistant principals, and other professional staff at the schools we serve.</td>
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<tr>
<td>• 100% of the administrators surveyed reported that they were satisfied with services provided through the school-based mental health program.</td>
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<th>Results</th>
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<tr>
<td>• In 2016, 331 surveys were completed by clients and parents who received services in GMHC’s school-based mental health programs.</td>
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<tr>
<td>• 94% of clients and parents surveyed reported being satisfied with the services they received in their school-based mental health program.</td>
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| Results: A Success Story |
### Discussion

- Does your state, county, or school district have school-based mental health programs?
- What are the barriers to establishing school-based mental health programs in your area?
- With whom would you need to partner to develop or improve school-based services in your area?
- What obstacles occur in schools when an outside agency is working inside the building?
- What kind of recruitment strategies could you use to find more therapists if you wanted to expand school-based mental health services?

### Discussion

- How can you help schools identify students who need mental health services?
- How would schools refer to mental health services without a school-based therapist on campus?
- What kinds of trainings or information would you need to help schools understand the need for school-based mental health services?

### References

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