A Collaborative Approach to Student Mental Health



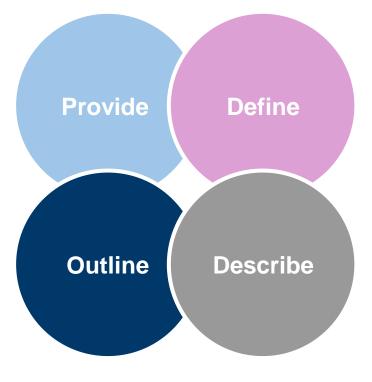




Today's Purpose

Provide information regarding mental health difficulties of students

Outline how the three disciplines work collaboratively



Define the role of the School Social Worker, the School Psychologist, and the School Counselor

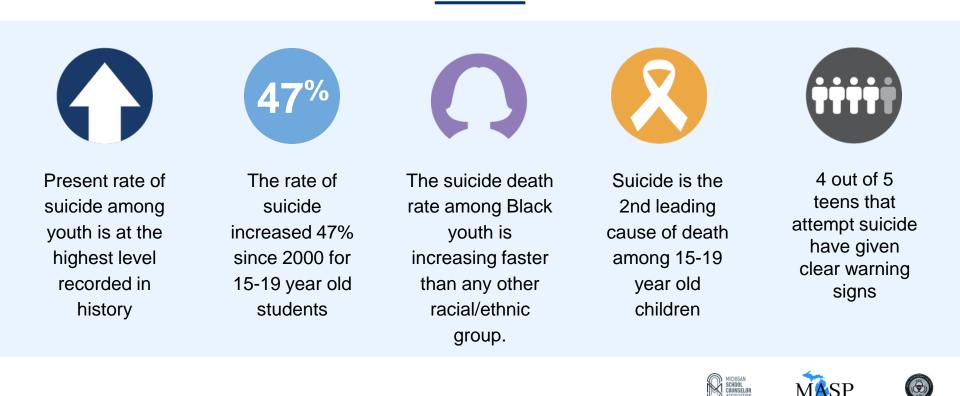
Describe the work of suicide prevention and intervention in the state







Increasing Youth Suicide Rates



Treatment of Mental Health Conditions (NASP, 2019)

20% of students have been diagnosed with a mental health condition, but only 1 in 5 students who have mental health difficulties are receiving treatment

Schools are optimal locations for students to receive counseling and support for mental health difficulties since children spend 7 hours a day in this location School based mental health providers work in a collaborative manner with teachers, parents, and students to provide optimal services for children School based mental health providers have unique knowledge of school systems and are trained to collaborate with other professionals in the school setting







The Role of School Counselors, School Psychologists, and School Social Workers

Conduct assessments, counseling, and other mental health and academic services	Work with children individually and in groups
Collaborate with parents, teachers, and administrators	Help schools, famili and communities provide successfu outcomes for ALL students



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School Counselors, School Psychologists, and School Social Workers Promote Positive Behavior and Mental Health

- Improve students communication and social skills
- Assess student emotional and behavioral needs
- Provide individual and group counseling
- Promote problem solving, anger management and conflict resolution
- Reinforce positive coping skills and resilience
- Promote positive peer relationships and social problem solving
- Make referrals to and help coordinate community services provided in schools

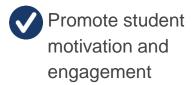


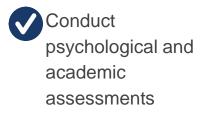


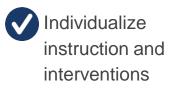


School Counselors, School Psychologists, and School Social Workers Create Safe, Positive School Climates









School Counselors, School Psychologists, and School Social Workers Promote Academic Achievement



Improve student and classroom behavior Monitor student progress

Reduce inappropriate referrals to special education



Collect and interpret student and classroom data







School Counselors, School Psychologists, and School Social Workers Support Diverse Learners

Assess diverse learning needs	Provide culturally responsive services to students and families from diverse backgrounds
Plan appropriate Individualized Education Programs for students with disabilities	Modify and adapt curricula and instruction
Adjust classroom facilities and routines to improve student engagement and learning	Monitor and effectively communicate with parents about student progress







School Mental Health Professionals

School-employed mental health professionals focus on how a student's behavior impacts their ability to learn and be successful in school.

Community-employed mental health professional in schools focus on a student's global mental health and how it impacts family, community, work and school.

Community-employed mental health providers vary in their level of experience and training related to schools

School mental health services should provide seamless, coordinated support





School Counselors, School Psychologists, and School Social Workers Conduct Interventions

We engage in the following interventions at the school level:







School Counselors, School Psychologists, and School Social Workers Foster School and Home Collaboration

Help families understand their child's learning and mental health needs	Assist in navigating special education processes	Connect families with community service providers when necessary
Help effectively engage families with teachers and other school staff	Enhance staff understanding and responsiveness to diverse cultures and backgrounds	Help students transition between school and community learning environments, such as residential treatment or juvenile justice programs







School Counselors, School Psychologists, and School Social Workers Provide Crisis Response Services

Lead, participate, and inform crisis response teams to provide emotional support after a myriad of crises:









Collaboration during the COVID-19 pandemic (state level)

The Michigan Department of Education, Michigan Association of School Social Workers, Michigan Association of School Psychologists, and Michigan School Counselor Association created a Return to School Toolkit, a collection of tools and resources to support schools, prevent the disease, and mitigate any underlying long-term effects of the pandemic.

Pandemic Return to School Toolkit: A Focus on Physical and Mental Health Well-being for Educators and Families







Collaboration during the COVID-19 pandemic (district level)

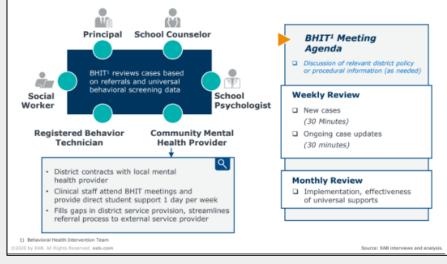
School Counselors, School Psychologists and School Social Workers were recognized by the <u>General Education Leadership</u> <u>Network (GELN) of Michigan</u> as important stakeholders to support student wellness in the return to school following the pandemic.

Step 1: Form Behavioral Health Intervention Teams

Organizing for Coordinated Mental Health Support

Behavioral Health Intervention Team Leverages Cross-Functional Expertise

School-Level Teams Collaborate to Address Behavioral and Emotional Concerns

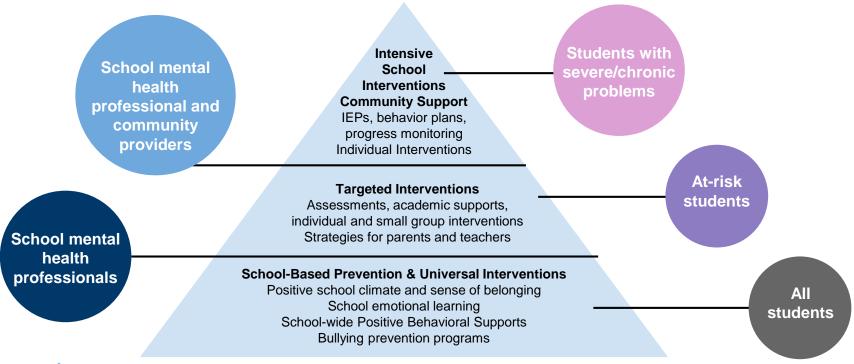








Providing Comprehensive & Integrated Mental Health Services in Michigan's Schools







School Counselor

School Counselor License or endorsement from the State of Michigan

Master's degree

Minimum 600 hours internship

6 semester credit hours or 150 SCECHs or 150 hours of DPPD

School Psychologist

Michigan School Psychologist Certificate

Specialist degree

600 hour practicum in school psychology and a 1,200 hour full-time internship

6 semester credit hours or 150 SCECHs or 150 hours of DPPD

School Social Worker

Master Social Work License School Social Work Certificate

Master of Social Work (MSW) degree

Minimum 500 hours school-related practicum

45 hours of board approved continuing education







Guidance Counselor vs. School Counselor

Historically, the term "guidance counselor" was used to refer to counselors working in the schools. This term has evolved to "school counselor" as the scope of duties has changed and evolved. Although some schools still used the outdated "guidance counselor" term, the American School Counselor Association encourages the use of "**school counselor**" to more accurately reflect the role.

GUIDANCE COUNSELOR

- Reactive
- Services to some
- Impact measured via feelings and perceptions
- Ancillary role to school improvement process
- Work in isolation



- Proactive/data-driven
- Programming for all
- Impact measured via achievement, attendance, and behavior data
- Essential role in the school improvement process
- School counselors as school leaders
- Develop, manage and evaluate a comprehensive school counseling program







Mission and Vision

The Michigan School-Based Mental Health Providers (S-BMHP) collaboration seeks to identify and address systemic issues regarding student mental health. Through research, evidence-based practices, and community partner development, the Michigan Association of School Psychologists (MASP), The Michigan Association of School Social Workers (MASSW), and the Michigan School Counselor Association (MSCA) have committed to work jointly on improving the mental health of all students.







Priorities

- School Suicide Prevention and Intervention
- School Safety
- School Integrative Mental Health Services
- Student Mental Health Programming and Best Practices
- School Mental Health System of Care Development
- Joint Professional Development, Conferences, and Training
- Hospital to School Transition Programming (Workgroup that is sponsored by *Pine Rest Services*, *Forest View Hospital*, and the *West Michigan Regional Suicide Prevention Alliance*)
- The Facilitation of Legislative Agendas, Legislation, Policy, and Grant Opportunities





Suicide Prevention



School suicide prevention and intervention









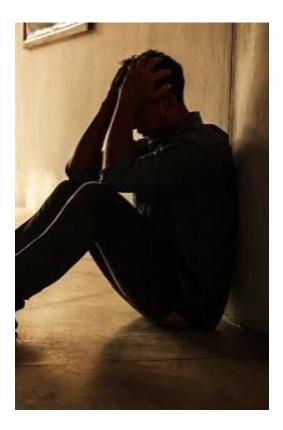
Reason #1 to educate our students about youth suicide

Every 15 minutes someone in the United States dies by suicide

Every 16 minutes someone is left to make sense of it Reason #2 to educate our students about youth suicide

Suicide is the 2nd leading cause of death among 15-24 year olds in the U.S.

More teenagers and young adults die from suicide than cancer, heart disease, AIDS, birth defects, stroke, influenza, and chronic lung disease combined.









Reason #3 to educate our students about youth suicide

Suicidal Ideation is a significant concern for teens in Michigan

Data Source: MiPHY 2018-19 9th and 11th Grade High School Students from Hillsdale, Jackson, Kent, and Oakland Counties

35%

Students felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months 19%

Students seriously considered attempting suicide

14%

Students made a plan about how they would attempt suicide 9%

Students actually attempted suicide one or more times







The Role of School Counselors, School Psychologists, and School Social Workers in Suicide Prevention and Intervention

Train all staff members (teachers, administrators, para-pros etc.) on the warning signs of suicide and methods of reporting these concerns Completion of suicide assessments on students Provide school based therapy to address coping skills and improve outcomes for students with suicidal ideation/who have attempted suicide Educate families on suicide and safety issues associated with this difficulty (removal of lethal methodspills guns etc. from the home) Creating plans in the school to improve academic success and decrease emotional difficulties







Barrier to Intervention

Limited access to school mental health staff

1.7 million students are in schools with police but no

counselors

3 million students are in

students are in schools with police but no nurses

million

students are in schools with police but no school psychologists

10 million

students are in schools with police but no social workers

14 million

students are in schools with police but no counselors, nurses, school psychologists, or social workers

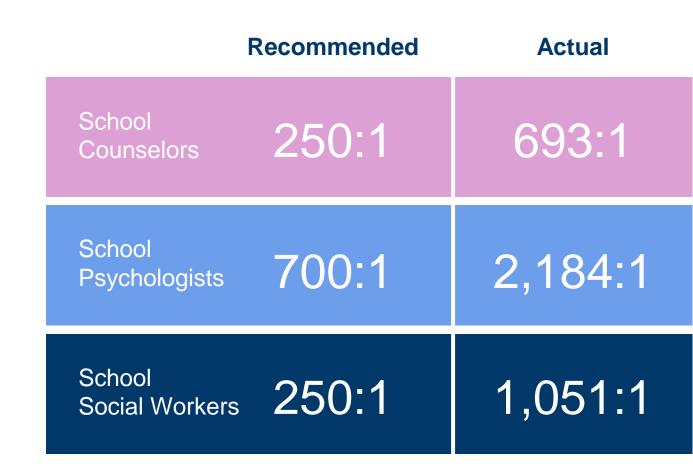






Barrier to Intervention

Professional to student ratios







(D)

Success Stories

A high school student witnessed the murder of her aunt and subsequent suicide of the perpetrator in a domestic violence situation. The child attended school the day after the murder.

The school psychologist provided counseling services to the student. During the sessions the student reported that she came to school the day after the murder so she could be provided with counseling services. The child has continued to receive school based counseling services to address her issues related to the incident. During these sessions she continues to report that she attends school on a regular basis so she can be provided with counseling.

The school based mental health professionals have collaborated with teachers to create a successful plan for this student.

Success Stories

A high school student created a detailed plan to kill several students and faculty members at the school. A threat assessment was completed by the school psychologist, school social worker, school resource officer, and principal. It was determined that the student fell at a high level of risk. During this assessment it was also noted that the student had engaged in self harm and had a plan to commit suicide.

The student spent eight months outside of school due the level of threat that he posed to others. During this time the school social worker provided extensive counseling with the student and parent, along with court ordered counseling.

The student re-entered the school the following year, where he continued counseling with the school social worker. He also met with the school psychologist each morning and had lunch with the school resource officer. Staff members regularly connected with the student in the hallway and classroom to facilitate relationships and decrease isolation. The student also participated in a social skills group led by the school social worker and speech therapist. The student reported that he feels connected to the school and no longer has thoughts of wanting to harm himself or others.

In conclusion...

...our work is focused on saving lives so that students grow and thrive.



















