
Mental Health Standards & Guidelines

The Background:

In 2008, the Tennessee Department of Education, Office of Coordinated School Health (OCSH) received a grant from the U.S. Department of Education to address the integration of schools and mental health systems. The OCSH applied for this grant since one of the eight major components of the Coordinated School Health (CSH) model includes addressing the social, counseling and mental health needs of students. The purpose of this grant is to create a seamless system where students are identified, referred and followed-up for needed social, emotional, behavioral and mental health services so that they may achieve strong academic outcomes. Local Education Agencies (LEAs) should develop strong protocols, standards and guidelines to insure that students receive support that enables them to stay in school and graduate. We know that there is substantial need for this kind of support:

- Approximately 68,000 Tennessee children meet the diagnostic criteria of being seriously emotionally disturbed; approximately 45,500 of these children are enrolled in TennCare.
- 1 in every 5 children has a diagnosed mental disorder; however, only 1 in every 10 receives treatment.
- Half (50%) of all children in state custody, including 69% of the adolescents and 84% of all adjudicated delinquents, have a mental health diagnosis. (2004 CPORT/TCCY Report)
- According to the 2007 High School Youth Risk Behavior Survey, 26.8% of all Tennessee high school student respondents 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; 14.1% of the total Tennessee student respondents seriously considered attempting suicide during the past 12 months.
- According to the 2008 Tennessee Middle School Youth Risk Behavior Survey, 19.5% of all Tennessee middle school student respondents reported that they had seriously considered killing themselves.
- 4.79% of youth 4-17 have been diagnosed and are currently medicated for Attention-Deficit/Hyperactivity Disorder. (National Survey of Children's Health, 2003)
- In 2003, approximately 21,000 children ages 12-17 in Tennessee needed but had not received treatment for illicit drug use in the past year.
- In 2003, approximately 22,000 children ages 12-17 needed but had not received treatment for alcohol use in the past year. (CWLA Tennessee's Children 2006)
- 69.9% of Tennessee high school students have had at least one drink of alcohol on one or more days during their life (TN Youth Behavior Risk Survey, 2007)
- 38.1% of Tennessee high school students say they have used marijuana one or more times during their life. (TN Youth Behavior Risk Survey, 2007)

- Adolescents with serious emotional problems are nearly four times more likely to be dependent on alcohol and/or drugs than adolescents with low levels of emotional problems.
- According to a “1 Day Census” survey of all juveniles held in secure state facilities:
 - 53% of the youth in juvenile justice facilities were experiencing mental health problems.
 - 15% were taking some type of psychiatric medicine while in the juvenile justice facilities.
 - 42% were known to have substance abuse problems.
 - 30% had co-occurring mental health and substance use problems.

A new brief from the federal government reports a strong positive impact of social and emotional learning (SEL) instruction on student academic achievement. Featuring CASEL research, the brief reports that in addition to significantly improving a broad range of student health and behavioral outcomes, SEL improves students’ school performance as well.

Titled *Social and Emotional Learning (SEL) and Student Benefits: Implications for the Safe Schools/Healthy Students Core Elements*, the brief describes substantial benefits of well-implemented SEL programming. Specifically, it highlights the results of CASEL’s recent meta-analysis of more than 700 research studies. The meta-analysis found that school, family, and community programming designed to promote SEL in children (age 5-18) resulted in an average of:

- 23% improvement in students’ social and emotional skills
- 9% improvement in attitudes about self, others, and school
- 9% improvement in school and classroom behavior
- 9% decrease in conduct problems such as classroom misbehavior and aggression
- 10% decrease in emotional distress such as anxiety and depression
- 11 percentile point gain in achievement test scores

A growing body of research makes the compelling case that social and emotional factors are integral to academic learning and other positive educational outcomes for children. SEL has been found to improve academic attitudes (motivation and commitment), behaviors (attendance, study habits, cooperative learning), and performance (grades, scores on standardized tests, and subject mastery).

Strategies for integrating schools and mental health services include:

- LEAs should use CDC’s School Health Index (SHI) assessment tool to analyze their unique social, emotional, behavioral and mental health needs. The SHI tool is already being utilized in school systems through their Coordinated School Health initiative.
- LEAs should develop protocols and standards and guidelines for the prevention, identification, referral and follow-up of students needing social, emotional, behavioral or mental health services.
- LEAs should establish Memorandum’s of Understanding with community mental health services to be used on an as-needed basis.

- LEAs should train school staff on the proper protocol to be used when making a student referral.

The Master Plan Connection:

If these guidelines are adopted both the “resources” and “teaching” aspects of the Master Plan will be enhanced.

- ▶ Student access to effective services and special assistance as needed would be increased.
- ▶ Regular classroom strategies will be enhanced to enable learning (i.e., improving instruction for students who have become disengaged from learning at school and for those with mild to moderate learning and behavior problems).
- ▶ Support for transitions (i.e., assisting students and families as they negotiate school and grade changes and many other transitions) would be enhanced.
- ▶ Home and school connections would increase.
- ▶ The ability to respond to, and where feasible, prevent crises would be enhanced.
- ▶ Community involvement and support would increase due to new partnerships established.

The Recommendation:

The Tennessee Department of Education recommends adoption of these standards and guidelines on final reading. The SBE staff concurs with this recommendation.

Tennessee Integration of Schools and Mental Health Systems Grant

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Mental Health Standards and Guidelines

The State Board of Education recognizes that the social and emotional wellbeing of students should be addressed and promoted in order to maximize academic achievement. In accordance with this principle, Local Education Agencies (LEAs) are encouraged to adopt protocols, standards and guidelines that will address the prevention, early identification, referral, and follow up of student mental health needs. Local guidelines may be unique to each LEA so that effective interventions and established community relationships are maximized.

The goal of these guidelines is to improve student achievement by reducing fragmentation of services and aligning and integrating mental health services to children. These guidelines address the infrastructure necessary to coordinate, improve, and evaluate support programs currently offered in school and in the community. It does not require new program development, but calls on schools to consider how best to support resilience in youth, identify students who need in-school mental health support, and provide a family driven and seamless integration within established community systems of care.

1. Local Education Agencies/schools should align their systems and available resources to enable all pupils to have an equal opportunity for success at school by addressing barriers to and promoting engagement in learning and teaching. This includes prevention, early intervention, referral and follow up procedures within a system of care.¹
2. Schools are encouraged to develop and maintain a positive school climate ensuring a global approach to addressing barriers to learning and promoting resilience in children. Current laws regarding the prevention of hazing, bullying, and intimidation should be fully implemented as an essential element in the protection of student mental health and the fostering of a positive school climate.²
3. According to the Tennessee Comprehensive School Counseling Model and other curriculum standards³, schools should provide students with effective early intervention activities such as social and emotional learning, positive behavior supports and strength-based developmental assets.
4. School personnel are encouraged to create a plan whereby appropriate staff can provide proactive on-site support services to students having social, emotional, and mental health concerns, including those students that do not meet criteria for special education services.⁴
5. Local Education Agencies/schools should encourage school staff and administrators to attend professional development on how to identify warning signs of emotional and behavioral barriers to learning, how to address such barriers, and promote engagement in learning.⁵ School staff new to the district should receive this professional development in a timely manner.

6. Local Education Agencies/schools should have clearly identified referral protocols for in-school student support that is easily accessible to all students, families, and school personnel. Intentional effort should be made to reduce stigma, keep the referral process simple and user friendly, and provide a variety of strategies to assist students in need.
7. Local Education Agencies/schools should create linkages and Memorandums of Understanding between schools and community resources. These will include agreements regarding the responsibility of both entities with respect to working together (e.g. formal linkages, weaving resources together, sharing information, making and accepting referrals, intervention during and after a crisis).⁶ These agreements should be reviewed and updated as needed.
8. Consistent with HIPAA⁷ and FERPA⁸ standards, a plan should be created for maintaining the confidentiality of each student throughout the referral process.
9. As prescribed by existing policy unless otherwise specified by law, ⁹ school level policies should assure parental consent prior to making a student referral.
10. Schools should facilitate smooth transitions for students who are entering and exiting the classroom due to involvement with community mental health treatment, Department of Children's Services including juvenile justice services, or other child serving programs.
11. Each Local Education Agency should appoint a team leader to oversee overall implementation of these guidelines. Team leaders should engage the participation of families¹⁰, students, educators, community mental health providers, local Department of Children's Services, and local juvenile court representatives, as well as all student support divisions within the district (including school social work, school counseling, school psychology, and coordinated school health) in the development of local policies and agreements. These local policies should address routine concerns as well as crisis response. Referral policies should be family driven, student guided, and whenever possible allow for universal access. This team should meet regularly to review the integration and alignment of services.
12. Successful strategies used to address barriers to learning include promoting a positive school climate, providing in-school support to students that enhance their social and emotional development, establishing clear and effective relationships with community agencies, and developing effective transition practices between schools and community programs and therefore should be included in all continuous school improvement planning as well as the Tennessee Comprehensive System-wide Planning Process.
13. The Tennessee Department of Education recommends that Local Education Agencies adopt consistent use of the Child and Adolescent Needs and Strengths Assessment Instrument (CANS). The CANS provides a common language, objective criteria to support decisions about intervention plans and intensity of services, monitors progress through outcome measures, and supports quality improvement initiatives. Information from the CANS serves as a valuable tool to

assist in making decisions regarding the nature and intensity of targeted student services within the school and with partnering agencies. The CANS is consistent with system of care values and principles, focusing on the needs of children and families. The use of CANS in Tennessee school systems provides a common language and assessment instrument shared among child serving systems in Tennessee.

14. Local Education Agency and school level policies should honor cultural diversity, provide culturally and linguistically competent services, and respect the dignity of all individuals.

¹ See T.C.A. §49-1-1002

² See T.C.A. §49-6-801, §49-6-1016, §49-6-4216, §49-2-120

³ Tennessee School Counseling Model, Policy 5.103, pp. 60-74

⁴ See T.C.A. §49-5-302, §49-6-303, TN Dept. of Ed. SBOE rule 0520-2-2-.26, SBOE Standards and Guidelines 5.103

⁵ See T.C.A. §49-6-3004(c) (1)

⁶ See T.C.A. §33-1-308

⁷ See Public Law 104-191

⁸ See 20 U.S.C. § 1232g; 34 CFR Part 99

⁹ See T.C.A §10-7-504(4) (A), §§33-3-206—33-3-209, §37-1-403, §37-1-605, §33-8-202

¹⁰ See TN SBOE Policy, Standards, and Guidelines 4.207

Additional resources:

State

Tennessee Office of Coordinated School Health, Tennessee Department of Education
www.tennessee.gov/education/schoolhealth

Tennessee Model for Comprehensive School Counseling Guidelines
www.state.tn.us/education/ci/doc/tncomschconsmdl.doc

Tennessee Voices for Children
www.tnvoices.org

Tennessee Suicide Prevention Network
www.tspn.org

National

Center for Disease Control and Prevention – Mental Health
<http://www.cdc.gov/HealthyYouth/mentalhealth/index.htm>

Center for School Mental Health, University of Maryland School of Medicine
<http://csmh.umaryland.edu/>

Collaborative for Academic, Social, and Emotional Learning
<http://www.casel.org/>

National Community of Practice on Collaborative School Behavioral Health
<http://www.sharedwork.org/section.cfm?as=4&ms=4>

National Registry of Evidence-Based Programs and Practices
<http://www.nrepp.samhsa.gov/find.asp>

Office of Juvenile Justice and Delinquency Prevention
<http://www.ojjdp.ncjrs.org/>

Office of Juvenile Justice and Delinquency Prevention's Model Program Guide

http://www.dsgonline.com/mpg2.5/mpg_index.htm

Positive Behavior Interventions and Supports

<http://www.pbis.org/main.htm>

Search Institute – Developmental Assets

www.search-institute.org

Substance Abuse and Mental Health Services Administration

<http://www.samhsa.gov>

Tennessee National Alliance for the Mentally Ill

<http://www.namitn.org/>

UCLA Center for Mental Health in Schools

<http://smhp.psych.ucla.edu/>