

front lines

Schools assume a new role
as mental health first responders

As the new year dawned on 2013, Americans were still reeling from the news that 26 people had been shot dead by 20-year-old Adam Lanza in or near a Connecticut elementary school, one of the victims his own mother. The tragic face of mental illness suddenly became very real.

By Kristi Garrett

Just this May, a young adult with a history of mental illness posted a video online justifying the killing spree he would then commit. His rampage throughout Isla Vista, near the University of California, Santa Barbara campus left seven dead, including himself, and 13 wounded. The troubled 22-year-old, Elliot Rodger, had reportedly started seeing therapists at age 8 when his parents divorced, and by his own account felt increasingly troubled and isolated after being bullied and rejected by his peers.

Episodes such as those have renewed the outcry for a stronger response to mental illness, to ensure that anyone who needs treatment receives it.

"We often fail to recognize the signs of mental illness, especially in young people. And when we do see those signs, our first reaction is often not to reach out, but to turn away," said Health and Human Services Secretary Kathleen Sebelius in February 2013 at a press conference announcing President Barack Obama's call for a national dialogue on mental health issues. "This is a culture we all contribute to. And it's one that all of us as community leaders, teachers, pastors, health providers, parents, neighbors and friends need to help change if we want to reduce the tragic burden of untreated mental health conditions."

That summer, the president hosted a National Conference on Mental Health in the White House. "There should be no shame in discussing or seeking help for treatable illnesses that affect too many people that we love. We've got to get rid of that stigma," he told some 150 leaders from organizations throughout the nation representing media,

What is SED?

Children or adolescents with the following characteristics are considered to have a serious emotional disturbance, or SED:

- Have an identified mental disorder that results in age-inappropriate behavior
- Are substantially impaired in at least two areas among self-care, school functioning, family relationships, and ability to function in the community
- Are at risk of removal from the home or have already been removed

educators, health care providers, faith communities and foundations. The president called upon them to become ambassadors to increase understanding and awareness of mental health issues.

Early intervention

Sacramento was among the first cities in the nation to host a local Day of Dialogue about mental health. At a July 20 event called Creating Community Solutions, more than 350 residents from the region gathered, including a host of public officials and young people. Their discussions produced an eight-point action plan that includes the goal of integrating behavioral and mental health more directly into primary health care services located at schools in the region.

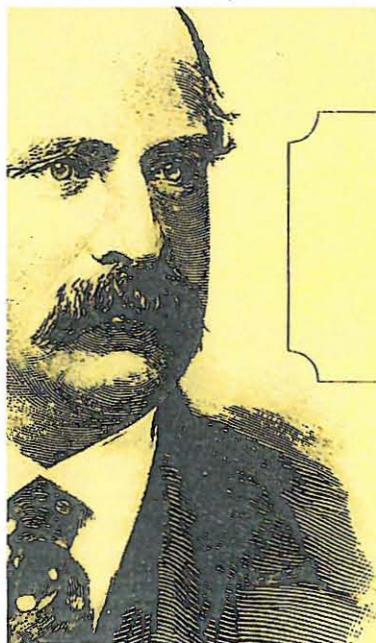
Diane Littlefield, vice president of programs and partnerships for Sierra Health Foundation, which organized the Sacramento Day of Dialogue through its nonprofit Center for Health Program Management, isolated one

of the key questions coming from the event: "How do we identify early signs and symptoms of mental health problems early on through the schools?"

The question led to a partnership with the Sacramento County Office of Education, Mental Health America of Northern California, and Converge CRT to implement the action plan, which they're calling the Sacramento Creating Community Solutions Network.

The county office is a natural partner, says Superintendent David Gordon, because schools are probably in the best position to identify and respond to a child's mental health needs. "Classroom teachers are the best people we have to identify potential issues with children and families," he says. "The No. 1 benefit is catching these problems early, just like catching early reading problems. It's going to make our kids much more able to be successful, not only in school, but in life."

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There are also financial benefits to proactively responding at the first signs of trouble. "You're not going to have to pay as much for programs for severely emotionally disturbed kids down the road if you're catching some of these problems early," says Gordon.

Serious emotional disturbance, or SED, is a category under the Individuals with Disabilities Education Act for children under 17. It refers to a mental, behavioral or emotional disorder that would be diagnosed as mental illness in an adult. It's a condition that substantially limits the child's participation in family, school or community activities. In 2009, SED affected 7.6 percent of all California children.

"We finally now have an opportunity for school people and teachers to work with mental health clinicians to do early identification of students who might need mental health intervention, and start doing it at kindergarten, first grade, second grade," says Gordon, who was also appointed by Gov. Jerry Brown to the Mental Health Oversight and Accountability Commission. That body supervises the funding generated through

Proposition 63, which imposes a tax on residents earning more than \$1 million.

The commission is partnering with a working group to explore ways to connect schools with mental health services so children can be evaluated, diagnosed and treated right on the school site. That's important, Gordon says, because many times families will not follow through and seek treatment. But it's now possible to use the mental health funding available from Proposition 63, Medi-Cal and other sources to train teachers to identify potential problems and to help pay clinicians to work with students at the school site at the earliest opportunity.

Without treatment—or delayed treatment—affected students face two dangerous prospects, says Rusty Selix, one of the co-authors of Proposition 63 with then-Assembly Member Darrell Steinberg.

One risk is that the child's illness will get worse, he says. "We know that 10 percent of teenagers will attempt suicide. For 90 percent of that 10 percent, it's due to having a mental health problem that was ignored."

The other danger is that the student will fail at school. Only 25 percent of students

receiving special education services for SED will graduate from high school. The prospects for a high school dropout are dim: under- or unemployed, many end up in jail or prison, or relying on social services.

Stigma hurts

Identifying and treating disorders at the school site can also help families overcome the stigma of mental illness. "I think people are fearful of the words 'mental illness' because it conjures up people acting in frightening, bizarre ways," Gordon says. "What people don't understand is that it's like any other illness: it's treatable, it appears in forms that are very, very subtle. And there is good treatment."

Selix, now executive director of the Mental Health Association in California, says that the fundamental challenge is in getting people to recognize mental health issues as readily as they do physical health problems.

"Our health care system is generally designed [for people who] say ... I know my child is sick, I'm going to take my child to the

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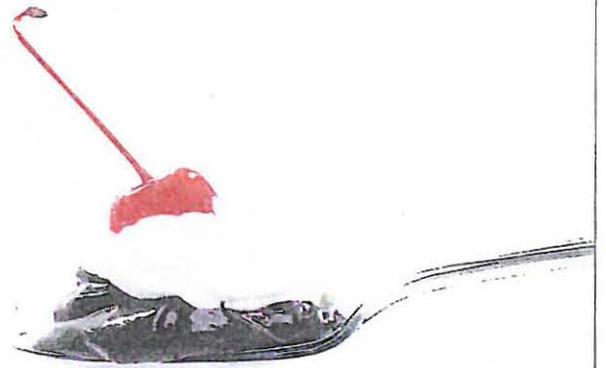
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doctor. And that just doesn't happen with mental health problems," says Selix, whose association is a partner with SCOE in the implementation of the region's action plan.

Ironically, the stigma of mental illness extends to the doctor's office, Selix says. While primary care physicians have the resources to assist families with mental health issues, they don't routinely screen for them during office visits and problems can go unaddressed. Additionally, even if asked, parents may not report symptoms accurately—if they notice them at all—because of the stigma of having a child with a mental illness.

That's why bringing services to schools makes such sense, Selix says. "A teacher ... absolutely knows the symptoms, they see the symptoms. They can tell the difference between normal behavior for a particular age and abnormal behavior, because they see so many kids. Whereas the parent only has their own child and they can miss things."

Schools are also intrinsically concerned with behavioral health problems that affect a child's performance at school. The origins are often trauma that a child is experiencing at home.

Promising practices

Nine-year-old Kevin lived in a community where most families have trouble getting by financially, and gang and gun violence is common. The experience of losing loved ones in his tender years and routine neglect of his needs caused him to be disruptive and prone to outbursts in class. Normally, the next step would be expulsion from school.

But Kevin was fortunate in that his teachers recognized more was going on. He was referred to the Seneca Family of Agencies, whose therapeutic behavioral services program worked with him to modify his behavior. The program coach also helped school staff and family understand the reasons behind Kevin's attention-seeking behaviors, and together they devised acceptable ways to satisfy them. After several months of intensive intervention, Kevin's disruptive behavior diminished and he's become an appropriately active member of the class.

Part of the services provided by Seneca, located in the San Francisco Bay Area, are school-based day treatment programs for

students needing special education services. The agency's founder and CEO is Ken Berrick, a psychologist who is also a member of the Alameda County Board of Education.

"Very often we'll see family stressors and trauma that are then related to a social-emotional problem and/or other kinds of difficulties that cause kids to fall behind in school," Berrick says. The Seneca model integrates special education and mental health support with positive school climate and culture strategies in one 'unconditional education' model. Seneca won a 3-year Innovations in Education (i3) grant from the federal government to pilot the strategy.

"When you integrate them and intervene at the earliest opportunity, you end up with a less costly system because you remediate before the problem ends up becoming a year, 18 months, 2-year academic deficit," Berrick says. When a teacher, student or family needs something, the program has resources ready to intervene.

Dorian Kittrell, another member of the Proposition 63 oversight commission and former director of behavioral health services

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for Sacramento County, says the relationship between schools and county mental health services are intrinsically intertwined. The county is working with the SCOE to fund training to help school personnel identify and work with students who have emotional disturbances. A bullying prevention campaign is also a big part of that effort.

As part of Sacramento County's mental health action plan, young people are being recruited to participate and lead a social media campaign to eliminate the stigma of mental illness. "They're the ones who in 5, 10, 15, 20 years are going to be in our seat," Kittrell says. "The more that people are willing and open to talking about mental illness, the greater chance the people are going to seek treatment. And that's really the crux of the matter."

Toxic stress

Much has been learned about the effect of stressful events on a child's developing brain. The old notion that children are resilient and that they'll "get over it" does not hold with the scientific facts as revealed in modern brain scans.

At a recent hearing before the mental health commission, Dr. Victor Carrion, a commissioner who is a psychiatrist at Stanford University School of Medicine, shared evidence that brain scans of young children traumatized by adverse childhood experiences such as physical or sexual abuse, neglect, or bullying, often look similar to brain scans from children confronted by natural disasters or war. All those types of children are experiencing high levels of the stress hormone cortisol, which is toxic to developing brains. At school, that often translates into problems with concentration or behavior.

"Many of these children get misdiagnosed with attention deficit hyperactivity disorder," he warned, which leads to the wrong treatment: "Giving medication to a child with posttraumatic symptoms will just make their symptoms worse."

Carrion's colleague at Stanford, Hilit Kletter, Ph.D., said it's critical that children be screened for the adverse effects of trauma, which can compound over time. Symptoms include separation anxiety or clinginess, reliving the incident, regressing to bedwetting or thumb sucking, nightmares, stomachaches, anger, crying and whining, or developing new fears.

Kletter says she treated a 7-year-old boy who had watched his cousin drown at a lake during a family gathering one summer. He

What causes trauma in children?

- Physical or sexual abuse
- Neglect
- Death or loss of loved one
- Witnessing violence either at home or in the community
- Life-threatening illnesses or painful medical procedures
- Bullying
- Living in chaotic environments in which housing or financial resources are not constant

Source: (ACES), Kletter



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became increasingly aggressive—hitting, kicking and biting his teachers and others. At school he was defiant, and was finally kicked out of his after school program when he head-butted an aide. At home, he started having nightmares and preferred to sleep with his parents. He often complained of stomachaches.

“Early intervention is ... important,” Kletter said, “because unlike other conditions that may improve with time, the symptoms of posttraumatic stress worsen if left untreated and may continue well into adolescence or adulthood, having an impact on both physical and mental health.”

Hope under ACA

The Obama administration has put about \$115 million behind new mental health initiatives so far, and has directed as part of the Affordable Care Act that Medicare (Medi-Cal in California) and private insurers include coverage for mental health services.

Twenty percent of the funding available through Proposition 63 is also earmarked for prevention and early intervention services.

Dr. Carrion's work on adverse childhood experiences with Dr. Nadine Burke Harris (featured in the Summer 2013 issue) can be seen at the Center for Youth Wellness: www.coyw.org/youthwellness.org

Historically, commercial health plans have no longer been responsible for mental health care when a child is in special education because the ‘free, appropriate public education’ requirement trumps the obligation of the health plans. That serves as a disincentive for private insurers to do a better job at early detection and intervention in mental health issues, says Selix.

“The fact is, the health care systems were not doing anything during those years from 3 to 9 or 10 to identify those behavioral health problems and get that child help before they reach the level of disability that triggers special ed,” he says. “Those are missed opportunities, and we think that’s going to change significantly as the implementation of the Affordable Care Act goes forward.”

Much of the focus on prevention and early identification dovetails nicely with requirements in the Local Control and Accountability Plan, says SCOE Superintendent Gordon. He encourages local districts to work with their county office of education or county mental health department to locate training for teachers.

“What we’re hoping to do is turn the whole paradigm much more toward early identification and prevention,” he says. “If we can create a robust, working system where the teachers can work with professionals in the field and see some real results of working with kids, then I think it will really take off. And I think that’s really possible now.” CS

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resources

Publications

- “Mental Health Care in California: Painting a Picture,” California Healthcare Foundation, July 2013
This 46-page report provides an overview of mental health in California: disease prevalence, suicide rates, the state’s care delivery system, supply and use of treatment providers, and access to care.
- “A Complex Case: Public Mental Health Delivery and Financing in California,” California Healthcare Foundation, July 2013
This 60-page report provides an overview of how California’s public mental health system services are financed, administered, and delivered as a background to inform policy discussions.
- “Sacramento Mental Health Action Plan: Breaking through barriers on mental health,” Creating Community Solutions, Center for Health Program Management, Sierra Health Foundation, November 2013
This action plan for the Sacramento region was the product of a day of dialogue about mental health issues on July 20, 2013.

- “Youth Violence, Posttraumatic Stress Symptoms, & Learning,” Victor G. Carrion, M.D., Stanford University
www.childrennow.org/uploads/documents/bwlvw2011_brief5_carrion.pdf

Organizations

- Psychiatry and Behavioral Sciences at the Stanford University Medical Center
med.stanford.edu/profiles/psychiatry/victor-carrion
See abstracts of all Dr. Victor Carrion’s published work.
- Prop63.org
News and information about Proposition 63, also known as the Mental Health Services Act, and its governing body, the Mental Health Services Oversight & Accountability Commission.
- Seneca Center
www.senecacenter.org
Information about the Seneca Center’s services at schools, in communities, foster youth, and professional training.