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Columbia Area Mental Health Center-Child
Adolescent & Family Services:
School-Based Mental Health Program

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I. Background

Background

A Memorandum of Agreement (MOA) was established effective September 1, 2000 between Richland County School District One (the District) and Columbia Area Mental Health Center (the Center). The Center agreed to provide on-site mental health services by School-Based Mental Health Counselors to students in need of services. The counselor is responsible for assessing students to determine needs and developing a treatment plan. Richland District I is one of the largest school districts in South Carolina with 30 elementary schools, 8 middle schools, 7 high schools, and 3 alternative programs. It serves over 26, 000 students with a significant African-American majority (77%).

School-Based Mental Health Services

School-based counselors are masters prepared clinicians. The counselor's presence at school has lessened the amount of time the youth's education is interrupted as well as decreased the number of days out of school for mental health appointments. Mental Health services are family oriented and are made easily accessible to families. These services are consistent with schools' educational goals, and have been found to be an efficient, effective means of providing low-stigmatizing support to families and children. The counselor is able to provide a continuum of services at school that address the needs of youth and their families that would traditionally be provided in a free standing mental health clinic or private therapist office. All clinical services are voluntary and require parental permission. Services include:

- Primary prevention – e.g., helping to increase parental involvement in school, helping to coordinate activities related to a violence prevention initiative;
- Early intervention and services to youth dealing with transitions and milestones- e.g., social skills training, school transition programs;
- Individual and family counseling- e.g., individual, family and group counseling, crisis intervention, mentoring, tutoring.

Service delivery efforts in the school-based mental health program focuses on prevention and early intervention with youth at risk for social, emotional, behavioral, and and/or academic difficulties; and intervention with youth and their families experiencing transitions and milestones. Mental Health services such as individual and family counseling that ^{is} traditionally provided in an office setting ^{is} available in our school-based mental health program. Individual and family therapy offered through the Center's school-based program provides more frequency and intensity and thus result in quicker problem resolution. In addition, school-based counselors provide home visits when needed, classroom observations, teacher consultations, and community collaborations as part of the efforts toward successful intervention with the youth and his/her family.

II. Problem Statement

Children in our schools often face a multitude of problems that can lead to poor academic performance, behavior problems, severe depression, suicidal acts, or violent behavior. Columbia Area Mental Health Center (CAMHC) reported that in 1998 it served 1,188 RCSD1 youth for a variety of emotional problems.

III. Referral procedures

Referral for school-based mental health services can occur through several

ways when it is speculated that there is a need for services. Oftentimes the youth referred is having a behavioral problem and is causing some type of disruption within the classroom or school setting. The process for services varies among the 8 mental health counselors who provide services at some 30 high schools, middle schools and elementary schools throughout the District. At some schools there are several school personnel that have assumed the responsibility for referrals. The principal, assistant principal, guidance counselor, school nurse, school social worker, school psychologist, teacher, parent, and student (in order for a student to self-refer they must be 16 years old to request services without a parent) may make referrals.

IV. Admission Assessment and Evaluation

Any student assessed as having behavioral issues that interfere with the youth's functioning at school may qualify for school-based services. Specific areas that indicate a youth may be in need of mental health services are significant negative changes in academic performance, problem behaviors within the classroom setting, poor teacher-student relations, poor peer relations, truancy, fighting, bullying and various observable depressive characteristics. Once the counselor receives the referral from school personnel the next step is to make contact with the parent to inform them of concern the school has about their child, or a parent may contact a school representative and express concern about their child and inquire about what is available to assist with the youth. The school will then arrange for the parent to complete an initial questionnaire that solicits the parents' perception of the problem. The counselor then reviews the questionnaire and schedules an appointment with the parent and student to formally discuss the concerns. After the initial interview the counselor assesses the youth's need of mental health

services and completes a mental health assessment with the youth and caregiver to further assess and evaluate the youth and family needs. After the assessment is completed the client and caregiver are involved in assisting with the development of the treatment plan.

V. Confidentiality

The therapeutic relationship is confidential and private and the parent/caregiver is assured of this at the beginning of services and signs a formal statement acknowledging their understanding of therapy being provided in a private setting. The counselor emphasizes the importance of privacy to the parent and youth as well as meeting with the client and caregiver as confidential as possible within the school. A potential concern for working with the youth at school is their concern that their peers, teachers and school personnel may know that they are seeing the counselor. One of their immediate responses is "I'm not crazy". The counselor reiterates to the client and parent that confidential information is not routinely shared with the school personnel. However some youth may be having difficulty with academic performance and there may be a need for school personnel to be involved in treatment; in such cases, the strictest level of confidentiality is maintained.

VI. Provision of Mental Health Services

School-based mental health services are primarily provided to the youth during the school day. Services provided by the counselor includes: (1) assessment and psychiatric services (2) individual therapy, family and group therapy; (3) in-home services (intensive family services) when appropriate; (4) targeted case management; and (5) school-based crisis stabilization (with 24-hour back-up coverage). The following therapeutic interventions are provided on-site by a Masters level counselor:

- a. Assessment and psychiatric services – During this process the youth along with the caregiver are interviewed and the history related to the disturbance in behavior are explored and assessed. When the assessment interview is completed the Mental Health Counselor staff's the case with a psychiatrist who evaluates whether or not the youth is in need of school-based services. At a later date a thorough psychiatric medical assessment is provided through a face-to-face evaluation by a Child Psychiatrist.
- b. Individual therapy – individual therapy consists of counseling sessions face-to-face with the youth by a mental health counselor within the school addressing issues that are forming a barrier in functioning successfully within the school setting as well as issues that may be prevalent within the home or community.
- c. Family therapy – Is a therapeutic intervention involving the client, sibling, parent(s) and/or significant others who have an interpersonal relationship with the client. Having significant others involved in the client's treatment provides the opportunity for improved family and school relations.
- d. Group therapy – is a psychological intervention that provides the opportunity for a group of youth with similar issues to express their feelings, discuss specific issues that they are having problems with and learn from each other age appropriate ways to resolve problems.

VII. Lack of Parental Participation in Treatment

It is reported that one of the biggest barriers to ongoing treatment and success of the youth improving overall is the lack of parental involvement. One of the biggest challenges of provision of mental health services within the school setting is the lack of participation of the parents, dropping out of treatment, or refusing to participate. It has been reported by clinicians within the Center that parents/caregivers report a lack of adequate transportation and their work schedule barriers to their involvement with their child in treatment. When extenuating circumstances are a factor, the parent/caregiver may be seen in the home or the counselor may offer to see parents prior to the school day and after school if necessary. However, this has proven to be frustrating at times because of a lack of follow-up by the parent after the initial assessment is completed. It is projected that a large proportion of parents who have youth with mental health needs are single parent mothers and there are an increasing number of grandparents assuming the role of parenting because of the absence of the natural parents. Often time the parents/caregivers are quick to state that it is not them who have the problem but the youth and they can not understand why they should or need to be involved in the therapeutic process.

VIII. Lack of Knowledge of School Personnel Regarding Mental Health Services.

There seems to be a mindset among school personnel that all the student needs to do is adjust his/her behavior and listen to their teachers as the cure to problems. Many school personnel have limited experience and understanding of the complexity of mental health issues, child development or the relationship between the youth and their home life

as one of the biggest predictors of their success or failure at school. Due to a lack of knowledge and training of school personnel, it appears at times a psychological battle develops between the student and teacher. Sometimes when this type relationship occurs the student eventually will be removed from class and thus begins a vicious cycle of removal from class, in-school suspension, out of school suspension, and so on.

IX. Challenges

There are several areas of concern that creates a barrier for effective mental health service within the school. During the past four years there has been a continuous challenge of securing privacy and a permanent office setting for school-based counselors. The counselor is oftentimes the first to be moved when needs for space arises.

Getting parents to commit to participating in therapy with the youth continues to be a challenge. On some occasions it has proven to be more difficult in getting the parents to participate in the youth's therapy in the least restrictive environment of school than if the therapy was administered at the mental health center.

There is ongoing concern expressed by the youth that peers and others may know of their involvement with the counselor. Youth express concern about what their peers and teachers may think of them.

There is also the challenge of denial that there is no problem and oftentimes intervention may come too late prior to a youth being suspended or expelled from school when the contributing factor is a legitimate mental health issue.

X. School-Based Mental Health Counselors Recommendations

In order to get accurate sense of the actual implementation of school-based mental health services within Richland County School District I schools, it was necessary to

gather input from those that actually provide the services. Therefore I interviewed and provided survey questions to Columbia Area Mental Health Center-Child, Adolescent and Family Services staff that work in 26 schools within RCSDI. The survey questions were designed to assess recommendations that would enhance delivery of effective mental health services within RCSDI. Comments were optional and counselors were not required to identify themselves. There were 8 counselors employed out of 10 positions, the other 2 positions were vacant at the time of the interviews. Plans are to meet with the CAMHC-Child, Adolescent and Family Services director and share the findings. It is recommended that a mental health official visit each school periodically preferably during a Parents, Teachers meetings to increase caregivers understanding of the purpose and benefits of having on-site SBMHC's and meet with school administrative officials to ensure that on-site SBMHC's are provided private counseling space.

A. School-Based Mental Health Counselors Survey Results

- a. **How long have you provided school-based mental health services within Richland County School District I:** 12.5% of staff had one year or less of school based counseling; 50% of staff had 1-3 years of experience; 25% of the school-based staff had 3-5 years; and 12.5% of staff had 5-10 years experience.
- b. **How are students referred for mental health services within your schools?** There were 23 responses; 34.8% received their referral from school personnel; 30% were from parents/caregivers; and 34.8% were from the Mental Health Center.

- c. **How appropriate are the referrals you receive for mental health services?** 87.5% stated referrals were mostly appropriate and 12.5% assessed the referrals as being sometimes appropriate.
- d. **Do parents/caregivers participate in counseling services within the school setting?** 12.5% stated mostly and 87.5% stated sometimes.
- e. **Are services provided in a supportive and confidential setting?** 25% of the respondents stated always, 75% stated mostly.
- f. **Are school personnel supportive of mental health services being provided within the school setting?** 37.5% stated always; 62.5% stated mostly.
- g. **Do you have access to an office or confidential space to do school-based counseling within the school setting?** 25% stated always; 75% stated mostly.
- h. **How often did you see your clients within the school setting?** 28.6% saw their clients once a week; 21.4% saw their clients twice a week; 35.7% twice a month; and 14.2% once a month.

What changes do you proposed?

- Reduce number of schools covered by a SBMHC.
- Increase anti stigma campaign as it relates to services for youth;
- Specify diagnoses children should carry as a criteria for school-based services;
- Smaller caseload of only more severe cases;
- Better computer access for SBMHC within the school setting;

- Private space to hold groups.
- More teamwork with schools in disciplinary measures;
- School personnel should consult with the mental health counselor when there are ongoing behavioral problems.

What Are the Advantages/Disadvantages of Mental Health Services Being Provided Within the Schools?

Advantages:

- Easy access to the students.
- Easy accessibility and a greater understanding of client's needs.
- Client receives additional support within the school.
- School officials are aware that clients receive mental health services.
- Early and convenient contact, less time out of school.
- Contact with school personnel increases support and cooperation
- Function as a team to help children.
- Accurate opportunity to see how students relate to peers and teachers.
- Very supportive to see clients within the school setting.

Disadvantages:

- Difficulty getting parents in for family sessions.
- Parents are reluctant to share personal information in the school setting
- Parents feel more comfortable discussing family issues at CAMHC.
- Limited parental involvement.
- Competition with academic need and schedules.
- Confidentiality –students are seen “coming and going”.

- Teachers are less than discreet when students see counselors.
- Parents lack of participation in therapy.
- It is hard to deal with emotional issues (abuse, etc,) then send students back to class.

XI. Implementation Plan

At the beginning of 2005-2006 school year the CAMHC will implement a standard procedure for mental health referrals for District schools that are receiving on-site mental health services. An orientation of this process will take place at the District's student support services department prior to the beginning of the school year. It will be necessary to meet with District officials to inform them of the importance of having their support of referral procedures as well as discussion of the importance of counselor's need of privacy at their respective schools. In order for the process to have success it will be critical that the District support the standard referral process. A supervisor or mental health counselor will provide initial presentation at school staff meetings and PTO meetings as well.

XII. Evaluation Method

To assess the effectiveness of the improved procedures for mental health referrals there will be a follow-up interview and survey given to the school-based mental health counselors in December 2005. The purpose of the survey will be to measure the effectiveness of overall implementation of mental health services provided by the counselors. In addition we will compare the number of student referrals and actual provision of services provided during school year 2003-2004 with provision of services

during 2005-2006 year. We will evaluate the parental participation by measuring the amount of family therapy provided to a youth.

XIII. Conclusion

There is clearly a need for a standard referral process throughout the school district. Having a standard procedure in place will provide the counselor with developing a relationship with a specific school representative and improve the overall referral process. However because of the complexity of each school it is recommended that the standard procedure be similar if not the same at each school. Based on interviews with the counselors the school representatives that make the referrals are generally the school guidance counselor, school nurse and/or school social worker. It is recommended that a designated school representative participate in an initial meeting with a parent who may feel intimidated by having their child referred for mental health services to be supportive in parents buy-in and to lessen their fears. It is recommended that all school staff that interface with students receive in-service education training on mental health issues by the school-based counselor to increase their understanding and the importance of the benefits of counseling.

**CHILD & ADOLESCENT SERVICES
COLUMBIA AREA MENTAL HEALTH CENTER
2715 Colonial Drive
Columbia, SC 29203
Phone: 898-4777 Fax: 898-4855**

Child's Full Name	Date of Birth	Age	Sex	Race	Today's Date
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With whom does the child now live? _____ Relationship to child (parent, foster parent, grandparent) _____

Address	Zip Code	Home phone	Work phone
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Who presently has legal custody of child?	Is the child presently in a foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No How Long _____
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<p>You were referred to the Center by</p> <input type="checkbox"/> Family Physician <input type="checkbox"/> Clergy <input type="checkbox"/> Family <input type="checkbox"/> Dept. of Social Services Caseworker's name _____ <input type="checkbox"/> Dept. of Juvenile Justice Probation officer's name _____ <input type="checkbox"/> Court <input type="checkbox"/> School <input type="checkbox"/> Other (who?) _____	<p>In order for us to best help you, we must be able to receive information from the following people or agencies. I give my permission for Columbia Area Mental Health Center to release or obtain information regarding my child's evaluation/treatment from</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Referral Source</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> DYS</td> </tr> <tr> <td><input type="checkbox"/> Physician</td> <td><input type="checkbox"/> State Hospital</td> <td><input type="checkbox"/> DSS</td> </tr> </table> <p>Signature of Parents or Guardian/Relationship _____</p>	<input type="checkbox"/> Referral Source	<input type="checkbox"/> School	<input type="checkbox"/> DYS	<input type="checkbox"/> Physician	<input type="checkbox"/> State Hospital	<input type="checkbox"/> DSS
<input type="checkbox"/> Referral Source	<input type="checkbox"/> School	<input type="checkbox"/> DYS					
<input type="checkbox"/> Physician	<input type="checkbox"/> State Hospital	<input type="checkbox"/> DSS					

REASON COUNSELING IS REQUESTED (main problem): _____

Current Medication: _____

How long has problem existed? _____

Has the child ever received counseling? Yes No **Child's Social Security #:** _____

Where and when? _____

Has the child ever been hospitalized for emotional or behavioral problems? Yes No

Where and when? _____

NAME OF SCHOOL OR DAY CARE CHILD ATTENDS _____ GRADE _____

Has child failed a grade? Yes No Does your child like school? Yes No

If so, grade failed _____ Is child in a special class? Yes No If so, what type _____

Name of teacher _____ Child's usual grades _____

If child is not in school, why not? _____

How does child get along with teachers? _____

How does child get along with other children in school? _____

Discuss any problems child has at school _____

MOTHER'S Name _____ Age _____ Phone _____ Marital Status _____

Address _____

Place of employment _____ Monthly Income _____

FATHER'S Name _____ Age _____ Phone _____ Marital Status _____

Address _____

Place of employment _____ Monthly Income _____

Names of brothers and sisters	Age	Sex	Age	Sex
1 _____	_____	_____	4 _____	_____
2 _____	_____	_____	5 _____	_____
3 _____	_____	_____	6 _____	_____

Names of other persons in the household where child now lives	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOW DOES CHILD GET ALONG WITH: Mother

Father

Brothers and Sisters

Others in house

Marital Relationship

DOES THE CHILD HAVE MEDICAID? _____ If yes, the number _____

DOES THE CHILD HAVE OTHER INSURANCE? _____ If yes, what insurance _____

PLACE A CHECK BY ALL THE PROBLEMS THAT APPLY TO YOUR CHILD:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Fighting | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Bangs head | <input type="checkbox"/> Fire-setting | <input type="checkbox"/> Screams |
| <input type="checkbox"/> Breaks the law | <input type="checkbox"/> Health problems | <input type="checkbox"/> Sexual misbehavior |
| <input type="checkbox"/> Convulsive attacks | <input type="checkbox"/> Holds breath | <input type="checkbox"/> Sleeping problems |
| <input type="checkbox"/> Day-dreams | <input type="checkbox"/> Hurts others | <input type="checkbox"/> Slow learner |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hurts self | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Difficulty getting along with others | <input type="checkbox"/> Lying | <input type="checkbox"/> Throws self on floor |
| <input type="checkbox"/> Disobedience | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Unhappiness |
| <input type="checkbox"/> Drugs, alcohol | <input type="checkbox"/> Over-activity | <input type="checkbox"/> Wets bed |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Over sensitive | <input type="checkbox"/> Withdrawn, lonely |
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Physical complaints | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Running away | <input type="checkbox"/> Other _____ |

Have child's parents or other family members ever received counseling or hospitalization for emotional or nervous problems? If so, when and where?

Did the child lose by death or separation any person with whom he seemed to have a close relationship, such as father, mother, sister, grandparents, etc.? Who, when?

During the early years of your child's life was either parent frequently away or out of the home (business trips, hospital, parents separated, military service? If so, describe

Does your child have any unusual fears, such as fear of darkness, dog, etc.? Yes No If yes, explain.

Does your child prefer playing with children

His/her own age Younger children Older children

Does he/she fight with friends?

Yes No

Has your child ever had body coordination difficulties such as awkwardness in throwing a ball, riding a bicycle, frequent falling, etc.? If yes, describe.

How does your child prefer to spend his/her free time?

What are some things that you think your child does well?

Where does your child sleep and with whom?

Is this child harder to manage than the other children? Explain.

How do you usually discipline your child? Describe.

DEVELOPMENTAL HISTORY

Was the pregnancy with this child

Planned Unplanned

Was the pregnancy

Normal Abnormal

If abnormal, explain.

The mother's health during the pregnancy was

Poor Fair Good

Labor and birth were

Normal Abnormal

If abnormal, explain.

Birth weight:

Condition at birth:

Normal Abnormal

Did the baby eat well?

Yes No

Give the approximate age at which the child:

1. Sat up _____ months 2. Crawled _____ months 3. Walked _____ months 4. Talked _____ months
5. Toiled trained _____ months

OTHER HELPFUL INFORMATION:

NOTE: If this referral is being made by an agency or group home, the referral is not complete unless all pertinent background information is enclosed (i.e., all summaries, evaluations, social histories, court orders, etc.)

**Columbia Area Mental Health Center-Children, Adolescent & Family Services
Richland County School District I: School-Based Mental Health Services**

As a school-based mental health counselor you have a very important and responsible role within the school setting to assist students in functioning at their optimal level. It must be quite a challenge and experience working within the school setting in providing mental health services to students and their families. The following questions are designed to assess what are some recommendations that would enhance delivery of effective mental health services within Richland County School District I. Please read each statement and circle your answer. Comments are optional and you do not have to identify yourself or the schools you provide services to:

1. How long have you provided School-Based Mental Health Services within Richland County School District I?

- a. One year or less
- b. 1-3 years
- c. 3-5 years
- d. 5-10 years
- e. More than 10 years

Comments: _____

2. How are students referred for mental health services within your school(s)?

- a. School Personnel
- b. Parents/Caregiver
- c. Mental Health Center
- d. Other

Comments: _____

3. How appropriate are the referrals you receive for mental health services?

- a. Always
- b. Mostly
- c. Sometimes
- d. Rarely

Comments: _____

4. Do parents/caregivers participate in counseling services within the school setting?

- a. Always
- b. Mostly
- c. Sometimes
- d. Rarely

Comments: _____

5. Are services provided in a supportive and confidential setting?

- a. Always
- b. Mostly
- c. Sometimes
- d. Rarely

Comments: _____

6. Are school personnel supportive of mental health services being provided within the school setting?

- a. Always
- b. Mostly
- c. Sometimes
- d. Rarely

Comments: _____

7. Do you have access to an office or confidential space to do school-based counseling services within the school setting?

- a. Always
- b. Mostly
- c. Sometimes
- d. Rarely

Comments: _____

8. How often do you see your clients within the school setting:

- a. Once a week
- b. Twice a week
- c. Twice a month
- d. Once a month

Comments: _____

9. What changes if any do you propose needs to happen to enhance the effectiveness of your providing counseling services within the school setting?

Comments: _____

10. What are the advantages and/or disadvantages of mental health services being provided in the school setting?

Comments: _____

CPM PROJECT COURSE

Office Of Human Resources

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Name: MARVIN M BRYANT, Sr.