

Issue Brief:

School-aged Children and Behavioral Health: Re-entry planning for students returning to school following hospitalization for a behavioral health crisis.

June 29, 2011

The Issue

Behavioral health concerns are increasingly common in school-aged children. Social, emotional and behavioral health problems affecting children include anxiety disorders, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, bipolar disorder, depression, eating disorders, substance abuse and schizophrenia. (Laura Hurwitz, 2010)¹ Children diagnosed with severe emotional disturbances are in danger of, and often experience a behavioral health crisis.

Results from the 2010 MetroWest Adolescent Health Survey (MWAHS) reveal that in spite of a slight decrease in student reports of depressive symptoms from 2006 to 2010, reports of mental health problems in Metrowest middle and high school populations have remained steady at significant rates. Suicide and suicidality are significant public health problems in Massachusetts. 12% of respondents to the 2010 MWAHS seriously considered suicide in the past 12 months. 4% of respondents reported suicide attempts in the past 12 months.¹

A profound discrepancy exists between the number of children with significant need for behavioral health interventions during a crisis and the resources that exist to meet those needs. A shortage of behavioral health professionals, inadequate funding for prevention and treatment programs, lack of inpatient and partial psychiatric hospital care, increasingly fragmented health and human services, as well as inadequate insurance coverage for behavioral health concerns contribute to the disparity in youth behavioral health need and available services.

Students encounter barriers when returning to school following a behavioral health crisis. In the Metrowest region there is no consistency in programs or protocols that address school re-entry plans to accommodate the needs of children returning to school after a behavioral health crisis. For a vulnerable child, lack of support, structured planning and limited communication between the providers, family and school adds additional burden.

The Metrowest Landscape

Massachusetts Efforts

In June 2009, MassHealth introduced the Children's Behavioral Health Initiative, an interagency program of the Commonwealth's Executive Office of Health and Human Services. Its mission to strengthen, expand, and integrate Massachusetts state services into a comprehensive, community-based system of care, to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success at home,

school, and community.² The initiative rolled out a number of community based services that focus on communication and collaboration between families, state agencies, community providers, school personnel and natural supports. The intent of these services is to provide support for students and families in the community during the stabilization of a behavioral crisis.

A challenging aspect of this initiative is the lack of services covered for privately insured students. As a result, schools experience difficulty in referring privately insured students for services. Alternative plans must be developed for supporting these students. In addition, as insurance companies decrease the length of stay for admissions, community based treatment options are increasing. These options typically involve the student returning to home and school while still in the process of treatment and stabilization. The Children's Behavioral Health Initiative has not recommended a process for schools to assist these children with their re-entry into the school community.

Metrowest Efforts

In April 2011, the following fourteen Metrowest high schools were surveyed regarding their current strategies for supporting students returning to school following a behavioral health crisis: Ashland, Bellingham, Dover/Sherborn, Framingham, Hopedale, Hopkinton, Hudson, Lincoln Sudbury, Marlborough, Mendon Natick, Northborough/Southborough, Wayland, and Wellesley. Directors of Guidance and/or Student Support Services from each school responded to survey questions. Each was asked to describe their school's current practice for working with students returning from an inpatient psychiatric admission, including the student's contact person on re-entry, what the contact entails, and what services can be accessed to transition the student back into his or her regular routine.

Those interviewed from all schools reported an increasing need for more resources to support high-risk students, specifically students in crisis and students returning from psychiatric admissions. All schools cited similar examples of students returning to school in need of stabilization and support. The interviews revealed that no consistency exists in programs or protocols between the various schools in the region. Services mentioned among the schools participating in the interviews range from specific programs for re-entry after hospitalization or crisis, with support staff involved in setting up re-entry meetings to no services at all.

Natick High School, Wellesley High School and Wayland High School referenced the Brookline Resilient Youth Team (BRYT) at Brookline High School. BRYT, is a joint venture between Brookline High School and Brookline Community Mental Health Center. In its eighth year, it is viewed as a model re-entry program throughout the country. Two clinical coordinators and a classroom aide are available to work with re-entering students and their families for a four to eight week transition period. BRYT reports that since 2004, the program has serviced over 500 teens. 90% of students participating in BRYT continued their schooling without disruption³.

Wellesley High School's Bridge Program, funded initially by the MetroWest Community Healthcare Foundation, is in its fifth year. Albert Diliberto, The Bridge Program's Academic Coordinator, during a panel discussion at the "Teens in Transition Symposium" at Brookline High School on April 28th, 2011 noted two areas that a re-entry program needs to focus on most:

1. The development of supportive relationships with students and 2. Negotiating workloads with the teachers. After a hospitalization, a student and family meet with BRYT staff to plan the transition back to the school. Depending on their needs students can spend various amounts of time in BRYT space for check-in throughout the day, program staff coordinate the student's schedule, plan how s/he will catch up on academic work, and communicate regularly with teachers, parents and providers.

Natick High School reported the launch of a new program in which students participate in a re-entry meeting to discuss their needs during the transition back to school. The program is comprised of a classroom teacher, two support staff, a school psychologist, and is housed in a therapeutic classroom.

Wayland High School is in the beginning stages of developing its Transition Program which offers a variety of services to students and families including emotional support, academic assistance, collaboration with teachers to ensure that students can maintain appropriate coursework, and communication between student, school personnel, medical professionals, therapists, and other outside providers

Most schools do not utilize a specific program, but reported that they work as best they can with limited resources to assure a smooth transition from the inpatient unit to the school. Many schools reported this responsibility is designated to the school adjustment counselor or the guidance counselor. One school stated they currently do not have resources to provide sufficient support for the students in need. This school has a tutor available for the student to discuss missed classroom work. Most schools described the common challenge of having received no information regarding a student's hospitalization until after the student was hospitalized, returned to school, and cycled back into crisis.

Designing a school re-entry plan

Developing supportive effective re-entry planning procedures or programs for high risk students requires consideration of a variety of elements, including assessment of need, financial resources, school and community resources, education, collaboration and communication between school and providers, and outreach to students and families.

The *Behavioral Health and Public Schools Framework draft*⁴ used recently by the Department of Elementary and Secondary as a template for the Model Bullying Prevention and Intervention Plan contains the following key elements that are critical to consider when designing re-entry plans:

- ✓ **LEADERSHIP** – Recognition by state, local, community, school leadership of the problem, education regarding the need for a systematic process for re-entry, and support from school administrators, providers, and hospitals; assessing needs and resources, planning and oversight, development of priority statements; community involvement in developing the plan.
- ✓ **POLICIES AND PROCEDURES FOR REPORTING AND RESPONDING-** Identify students in need of re-entry services and begin appropriate, student-centered plan.

- ✓ **TRAINING AND PROFESSIONAL DEVELOPMENT** - Provide ongoing professional development in behavioral health for all staff, including but not limited to, educators, administrators, counselors, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to extracurricular activities, and paraprofessionals.
- ✓ **ACCESS TO RESOURCES AND SERVICES** - Plans must include strategies for identification of possible collaborations, referrals for counseling and other appropriate services.
- ✓ **COLLABORATION WITH FAMILIES** Services are driven by the needs and preferences of the child and family, developed in partnership with families.

Recommendations

Raising awareness of the importance of developing and consistently using re-entry plans for students returning to school following a behavioral health crisis must begin at the state level. Communicating the need for re-entry planning should be adopted as an initiative of the Department of Elementary and Secondary Education (DESE) and the Massachusetts Association of School Superintendents. Superintendents, directed by DESE and educated regarding the extent of the problem and its effect on academic achievement of affected students, can direct school support services teams (social workers, guidance counselors, nurses, psychologists and others) to assess need and develop standardized procedures for managing and supporting identified at-risk students returning to school following a behavioral health crisis.

Strategies for facilitating re-entry planning include:

- The development of collaborations between school, providers and hospitals. At the “Teens in Transition Symposium” in Brookline, MA on April 28, 2011, program presenters were unanimous on this point and suggested that school personnel reach out to providers and contacts at hospitals through personal phone calls or visits and networking events such as breakfasts.
- Development of a standardized form by school support teams to obtain consistent pertinent information for use in developing the re-entry plan.
- Hospital staff, when developing and reviewing discharge plans with families, explain and reinforce the absolute importance of providing the school support team with as much information as possible to facilitate re-entry planning and assure the appropriate support and safety of the returning student.

Conclusion

Schools are called to respond to the growing numbers of students experiencing behavioral health crisis through the creation and maintenance of safe and supportive environments during the school day. The role schools play is critical in assuring that students receive the continued support and services necessary to ensure their successful recovery and continued academic progress. In order for students to be resilient, treatment to be effective and positive results achieved, a multi-level approach is necessary that includes the school, key support personnel, mental health providers, the students and families. Collaboration between all in planning and implementing new policies and protocols is imperative. This a time for action that promotes resilience in children and fosters an environment that promotes personal and academic success for all.

Footnotes

¹ MetroWest Adolescent Health Survey, 2010. MetroWest Community Healthcare Foundation

² The Official Website of the Office of Health and Human Services (EOHHS)
http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Government&L2=Special+Commissions+and+Initiatives&L3=Children's+Behavioral+Health+Initiative&sid=Eeohhs2&b=terminalcontent&f=masshealth_government_overview_child-bh-hlth-intiative&csid=Eeohhs2d+Initiatives&L3=Children's+Behavioral+Health+Initiative&sid=Eeohhs2&b=terminalcontent&f=masshealth_government_overview_child-bh-hlth-intiative&csid=Eeohhs2

³ Brookline Community Mental Health Center's Brookline Resilient Youth Team (BRYT)'s 2011 flyer

⁴ The Behavioral Health and Public Schools Framework is part of the Task Force on Behavioral Health and the Public Schools, The framework is based on increasing the capacity of schools to collaborate with behavioral health providers as well as provide supportive school environments that improve educational outcomes for children with behavioral health needs.