

**School Consultation by Child and Adolescent
Psychiatrist as an Integral Part of the School
Based Mental Health Services**

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**Presented at the
18th World Congress of the International
Association for Child and Adolescent
Psychiatry and Allied Professions
(ACAPAP)**

**April 30 – May 3, 2008
Istanbul, Turkey**

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School-based Mental Health Services are designed and developed to serve school-aged children and adolescents who are suffering from a mental illness or at-risk for emotional and behavioral problems.

Although there are great variations in the scope of Mental Health Services delivered in school settings, the importance of school-based Mental Health Services in the United States and other developed countries has gained a considerable degree of recognition. In recent years, both child and adolescent psychiatrists and program developers in the field of education are emphasizing the need to develop collaborative inter-agency programs for children and youth with emotional and behavioral problems. The collaborative work between mental health professionals and educators in providing services to the emotionally disturbed youth and their families is still in an evolutionary state. In the past, services provided to this population either were nonexistent or had limited availability without adequate coordination. There is growing evidence that interventions which strengthen a student's ability to cope and tolerate environmental stress often result in improvements in their academic achievements. Since children spend large portions of their daily lives in an educational setting, schools are a natural and most suitable setting for a wide range of corrective interventions.

According to a 1999 report by U. S. Department of Health and Human Services, one in five children and adolescents suffer from mental health⁽¹⁾ problems. About 5-9% of children, ages 9 to 17, are affected by a serious emotional disturbance (SED) that causes severe functional impairment⁽²⁾. In this population barely one-third receive treatment.

Anxiety, stress, poor concentration, peer and family conflicts, depression, and other mood disorders are the most common mental disorders among children and adolescents. Suicide risk, self-destructive acts, family problems, and substance abuse are often sighted as contributory factors to a student's acting out behaviors and poor academic performance.

It is well documented that in the absence of early identification and effective interventions, emotional disorders of childhood can lead to more severe psychiatric problems, school failure, poor social adjustment and poverty in adulthood. Children with mental disorders are at higher risk for suicide, violence and substance abuse⁽³⁾. Although children are best served by early intervention, social stigma, unfortunately, continues to be a major obstacle. Parents, teachers and others fear that, once identified, a psychiatric diagnosis may influence the way the child will be viewed and treated. As a result, families may not seek services⁽⁴⁾.

Due to the fact that Child and Adolescent Psychiatry is a fairly young subspecialty and demands for Child and Adolescent Psychiatrists are greater than the number of Child and Adolescent Psychiatrists available, the participation of psychiatrists in school-based mental health teams has been rather slow. If we examine the history of Psychiatric Consultations to schools, we see the emergence of focused efforts by psychiatrists only after Child and Adolescent Psychiatry was officially recognized as a subspecialty of Psychiatry in 1960. A number of psychiatrists have made significant contributions by defining the role and scope of Child Psychiatry in school-based Mental Health Programs. In this group, Drs. Hirsh (1971), Caplan (1970), Berlin (1975), Comer (1992) and Berkowitz (1998, 2001) are recognized for their pioneer work.⁽⁸⁾

My interest in school consultation began to develop shortly after I joined the University of Maryland Faculty as Director of Children's Residential Service. In this fourteen-patient (ages 6-12) inpatient unit, we had an intramural school with two full time special education teachers. Children spent four to five hours of their day in educational activities. The treatment program was designed to benefit from collaborative work of nurses, social workers, teachers, psychologists, child care workers and psychiatrists. It was during this period that I witnessed the importance and value of teamwork and interfacing psychiatric knowledge and skills with an educational component.

Stimulated by this experience and curiosity, I began to volunteer for school visits and had the opportunity to establish working relationships with primary support groups of School Systems which generally were composed of guidance counselor, psychologist, special education teachers, speech pathologist and administrators. At that time, the main goal of collaborative work was limited to enhancing the efficacy of the individual child's treatment and school functioning. In 1973, as a result of these efforts, I was invited to join a newly formed Diagnostic Mental Health Team (Child Study Center) in the Howard County School System. At that time, I was not aware that this School System, in an affluent district of the state of Maryland, was on the way to becoming one of the most advanced and best School Systems in the country.

The Child Study Center of the Howard County School System was organized in 1970 by Dr. Gertrude G. Justison, a visionary educator and clinician, to serve children and teachers by providing a team effort in local schools. The primary goal of her plan was to serve a larger population of children with varying kinds and degrees of disability. The emphasis was shifted from severely disturbed children to those able to remain in regular classes with the support of the program.⁽⁵⁾ The Interdisciplinary Team was composed of a coordinator, school psychologist, speech and language clinician, nurse practitioner, and three part-time consultants: a pediatrician, child psychiatrist and optician.

During the early stages of school consultations, the work of the psychiatrist was limited to a Psychiatric Evaluation of the individual child with mental health problems. However, as the School-Based Mental Health Service continued to develop, the role and

functions of the Psychiatric Consultant also evolved to encompass a wide range of school-based psychiatric services.

Due to Federal legislation in the U.S.A., it is now mandated that schools must provide special education and related services to emotionally and behaviorally disabled students. Therefore, in recent years, there has been an increased effort to develop collaborative programs between schools and the child psychiatry profession.

As reported ⁽⁶⁾ in 2000 “one of the chief priorities in the Office of the Surgeon General and Assistant Secretary of Health has been to work to ensure that every child has an optimal chance for a healthy start in life.” This report emphasizes that mental health is a critical component of children’s learning and general health. Therefore, both the promotion of mental health in children and treatment of mental disorders should be a national priority.

Based on a U.S. Supreme Court landmark decision, asserting that education is a “right that must be made available to all on equal terms,” the U.S. Congress passed a number of legislative acts to ensure that children with disabilities, between ages 6 and 21 receive a free and appropriate public education and related services in the least restrictive environment. According to these federally mandated procedures, the student who is eligible for Special Education services is determined through a Case Study Evaluation (CSE). These Case Study Evaluations are performed and processed by a multidisciplinary team of school-based professionals which may also include a child psychiatrist on an as-needed basis.

Disability categories to be identified are: Pervasive Developmental Disorder (PDD)/Autism; Mood, Anxiety, and Psychotic Disorder; Specific Learning Disability; Speech and Language Impairment; Attention and Behavioral Disorders. Mental Retardation also qualifies under Cognitive Impairment.

If findings of the assessment through the CSE process determine that child has an identifiable disability and needs special education and related services, the IEP Team must meet within 30 days of the initial evaluation to develop the child’s “Individual Education Plan (IEP).” The child’s parents or guardian are always included in IEP meetings. The initial evaluation shall be comprehensive enough to ensure a child is assessed in all areas related to a suspected disability⁽⁷⁾, including, if appropriate: 1)academic performance; 2)communication; 3)general intelligence; 4)health, including hearing and vision; 5)motor abilities, and 6)social, emotional and behavioral status.

The IEP must be implemented as soon as possible after it is developed and is accessible to every teacher, related service providers and parents. Based on these Government-mandated regulations and with the help of school-based professionals in Howard County, Baltimore City, and Anne Arundel County, we were able to develop and expand comprehensive Psychiatric Consultation Programs to serve major School Systems within the state of Maryland. The total student enrollment in Howard and Anne Arundel Counties, as reported in 2006, is around 123,000. According to Surgeon General’s Report

in 1999, it is estimated that 20% of this population will have serious enough mental health problems to warrant treatment. This means that the two School Systems which we are engaged in serving, may have approximately 24,000 students with mental health problems. If we take into account the nationwide shortage of Child and Adolescent Psychiatrists, it becomes even more evident that the profession of Child and Adolescent Psychiatry could be effectively utilized in schools mostly through direct and indirect consultative services and interdisciplinary teamwork. In each School System, Special Education Services with regional programs for emotionally disturbed students are targeted for psychiatric consultation. These schools are designated elementary, middle and high schools with highly specialized intramural services to emotionally disturbed children and adolescents. Due to the fact that providing consultation to a larger number of school programs has placed an increased demand on the psychiatrist's time, the responsibility of providing schools with psychiatric consultation has shifted, over the past several years, to Maryland Centers for Psychiatry, a group practice with four Child and Adolescent Psychiatrists available. The psychiatrists who are engaged in providing consultation to schools are senior level professionals with experience and knowledge about social milieu and the administrative structure of schools. Most importantly, they are skilled in engaging in collaborative work with the school-based professionals and educators as a member of the Interdisciplinary Team.

The school-based Psychiatric Consultations to Howard County and Anne Arundel County School Systems are designed to provide the schools with highly specialized services at various levels.

- 1) Identifying and assisting emotionally handicapped students with the primary goal of minimizing the impact of their emotional problems on their academic achievement and reducing adjustment problems upon their return to regular programs.
- 2) Working collaboratively with special education teams in preparation of emotionally handicapped students for their transition to a lesser restrictive, educational environment; identifying students with more complex emotional problems who may need intensified therapeutic and educational interventions.
- 3) Assisting in staff development activities for school personnel, including teachers, aides, therapists, school psychologists and administrators who work with the emotionally disturbed.
- 4) Maximizing the benefit of psychiatric interventions by community-based mental health providers by initiating and conducting ongoing communications and consultations with pediatricians/psychiatrists, therapists and other involved agencies.
- 5) SED students are frequently in crisis situations which necessitate quick decisions and timely interventions; guiding and assisting the school staff in developing effective crisis management and intervention strategies and customizing their approach according to the specific needs of students on a continuous basis.
- 6) Develop and participate in group and individual counseling sessions for students.
- 7) Helping the parents to understand the nature of their child's handicapping conditions and assisting their efforts in seeking appropriate therapeutic interventions.

As required by law, throughout the school consultation process, confidentiality of the information obtained from school records, parents, child, and school staff is maintained with the utmost sensitivity and care. During the course of weekly, biweekly and monthly visits, consulting psychiatrists have ample opportunity to provide school teams with ongoing support in identifying high-risk students and participating in treatment programs designed for emotionally disturbed students. Parents' interviews are conducted on an as-needed basis. Of course, the frequency of visits and duration of time spent in schools play an important role in determining the scope and efficacy of consultative services. For example, a school for emotionally disturbed students with elementary, middle and high school levels is provided with five hours per week consultative services.

Methods and techniques used for delivering psychiatric services for emotionally disturbed students include:

- 1) **Consultation with teachers, school psychologists, guidance counselors and administrator:** During these meetings students and their needs are reviewed and appropriate intervention strategies are developed on an ongoing basis in weekly or biweekly meetings.
- 2) **Review of Records:** Student records and background history of mental health related problems are reviewed for more in-depth assessment and analysis. Insight and diagnostic formulations are always shared with interdisciplinary teams and parents.
- 3) **Observations of the child** in the classroom setting reveal much information about his strengths and deficits. The insights obtained from these experiences are integrated to design the implementation of therapeutic and educational strategies for the individual child.
- 4) **Interview with Parents:** In special education settings teachers are frequently calling parents to inform them of their child's progress; parent interviews conducted by the consulting psychiatrist compliment these services and assist parents in their efforts to seek appropriate care for the family and child.
- 5) **Communications with other Providers:** Serving the needs of emotionally disturbed students requires close collaboration with community-based mental health providers. Periodic calls by the consulting psychiatrist to pediatricians, psychiatrists, and other providers help to integrate therapeutic efforts and the interdisciplinary team and contribute to a more coherent treatment program for the student. These calls may include medication review, and specific recommendations concerning treatment methods and procedures.
- 6) **Participation in staff development and training** is integrated into ongoing consultation with the interdisciplinary team. In addition appropriate subjects are covered in more formal in-service meetings throughout the school year.
- 7) **Crisis intervention:** Schools with regional Special Education Programs usually have Crisis Intervention Teams which are staffed by experienced professionals who intervene and manage disruptive behaviors of seriously emotionally disturbed students. The consulting psychiatrist also functions as a member of these teams. The consulting psychiatrist plays an important role in determining

the contributory factors to the child's behavior in a crisis situation. In order to remedy the problem, the consultant assists the Crisis Team in developing effective management techniques and helping to facilitate the necessary therapeutic interventions.

8) Threat Management Related Consultation:

In the U.S.A. and other countries there has been a noticeable increase in youth-related violence and shootings. In recent years, violence or threats of violence in schools is getting the public's attention. Therefore, preventing the occurrence of incidents of violence in school settings is becoming a pressing issue. Behaviors directed to people and property resulting in death and property damage; physical fighting; bullying; and verbal threats of violence are all targeted for prevention and early interventions. Based on these increasing incidents and threats of violence, the Howard County Public School System developed an elaborate early intervention program which is designed to identify potentially dangerous students and correct their behaviors through appropriate and timely interventions. According to established procedures of the Threat Assessment/Management Process when an Administrator learns of a communicated threat, the level of the threat is determined immediately by the administrator with input from the Student Services staff trained in the Threat Management Process. Threats are classified using three levels: low, medium and high. Students who are considered a high or medium level threat are referred for a Psychiatric Consultation to evaluate behaviors related to that threat. During the course of this Emergency Evaluation, parents and child are interviewed in the office setting and the School System is provided with a written report reflecting findings and recommendations.

9) Individual Psychiatric Evaluation: When there is a specific request from a general or special education program for a formal Psychiatric Evaluation of an individual student this may be achieved through:

- a) classroom observation and teacher interview;
- b) school or office-based initial parental interview; and
- c) examination of the child's mental status;
- d) the conclusion of the assessment is communicated to the referring source in a formal written report;
- e) During the course of the evaluation, teachers and parents are provided with immediate feedback so that they may take the necessary steps to ensure the most appropriate early intervention.

The methods for the Psychiatric Evaluations are planned and tailored exclusively to meet the specific needs of school-based interventions. Throughout the assessment process parents, teachers and other professional staff are advised in addressing pressing issues of behavior management. Upon completion of the Psychiatric Evaluation, the recommendations made by the psychiatrist should address the issues concerning the student's school, family and community functioning. Possible school-based interventions should be emphasized and articulated in a clear and consistent language to reflect straight-forward plans. It is important that each recommended intervention should have a component of monitoring and criteria for measuring the outcome. The main goal is always to help children to become more functional in their educational settings and maintain a good quality of life and mental health in their home environments. If possible,

unnecessary, expensive, and restrictive services, including psychiatric hospitalizations and residential treatment, should be avoided.

Recognizing the fact that Psychiatric Consultations to schools can play an important role in facilitating early identification of high-risk students and provide the emotionally disturbed with early interventions, the American Academy of Child and Adolescent Psychiatry (AACAP) developed a practice parameter for Psychiatric Consultation to schools. This parameter, which contains a number of guidelines, was reviewed at the member forum at the 2003 Annual Meeting of AACAP. From March to May of 2004, a consensus group reviewed and finalized the content of this practice parameter. It was approved by AACAP Council in September 2004. This valuable document which is designed to provide guidelines for School Consultations is strongly recommended as one of the major reference sources for the Child and Adolescent Psychiatrists who are interested in School Consultation.

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