

NOVEMBER 2020: MENTAL HEALTH COLLABORATION

Mental Health Matters

By Cass Poncelow, Lauren Kiel and Bethany Condon



Tragedy after tragedy left the northern Colorado community of Fort Collins reeling in 2015, and at Poudre High School, we felt like we were at the epicenter for many of these losses. The Fort Collins community struggled for answers, with many feeling hopeless. Tragic student deaths had parents and educators at a loss for ways to support adolescents in our community. Many had no idea how to explain suicide completions at the sixth-grade level or were fearful that talking about suicide would cause suicide contagion in high school students.

The one common thread in all of this was that there was a lack of resources and education around mental health, and we needed to figure out how to engage students, families and educators in difficult, yet critical, conversations with adolescents.

The mental health team at Poudre High School, composed of school counselors, school social workers and mental health specialists, deliberated extensively about how we could further this conversation and better equip our community to support adolescents. Parents and community mental health providers were, likewise, eager to join this conversation.

Out of these months of collaboration and conversation came Mental Health Matters, a communitywide adolescent mental health education event. Since its inception in 2015, Mental Health Matters has become an annual event, gaining in both recognition and attendance. Over the past five years, the event has attracted approximately 500 community members, parents, educators and youth each year. Structured like a conference, this three-hour evening event offers parents, students, educators and community members a wide variety of breakout sessions. The conference structure generally consists of three 50-minute timeslots, each with 10–12 session choices. Sessions address a wide range of mental health topics affecting our youth: suicide prevention, coping with loss, self-harm, anxiety, effects of social media on mental health, LGBTQ issues and many others.

To develop the session lineup, we focus on what issues are currently most prevalent with students and which community organizations or local professionals might wish to participate. We found that community members and district staff are enthusiastic about creating a successful and impactful event. By focusing on Mental Health Matters becoming a community education event, the original team of school counselors was soon surrounded by a team of support staff, district personnel, parents and community leaders eager to help – from procuring coffee donations to securing presenters to setting up chairs on the big night.

Diverse Topics, Local Expertise

Like all good things, Mental Health Matters has evolved. One of the strengths of the evening has become the diversity of topic areas and utilization of local expertise. School resource officers have presented on vaping or social media. A local professor spoke about adolescent brain development. A parenting expert talked about using humor to connect with adolescents. Spanish-speaking social workers have provided meaningful content to our monolingual families. We have found that many local therapists and nonprofits are eager to present to an audience hungry for mental health information and strategies. This past year's event featured a keynote speaker from Mental Health Colorado, the state's preeminent organization in mental health advocacy and policy work. It also included a community resource fair in the common areas where additional community organizations shared resources with attendees. The school district vets these community resources in advance and collects survey data from participants after the event each year. This data helps us determine the quality of the presentations and provides feedback about ways people learned about the event and other topics of value for future events.

Originally, most presentations were geared toward parents/guardians of high school and middle school students. However, recent programming has also addressed parents/guardians of elementary school students.

By partnering with our district professional development program, we can offer continuing education credit for district employees who attend. As a result, we've seen attendance from teachers, paraprofessionals, custodians, bus drivers and more. Providing education for all district employees allows them to be part of helping students with mental health needs. Sessions are open to all. We often see parents and their children attending together – an easy window into a further conversation on the drive home or later in the week.

Fortunately, the overall expenses for the annual event are minimal. Although we produce posters and programs for the event, we save by marketing through email, social media, local radio and e-newsletters. All district schools distribute fliers and information about the event through parent emails and on their websites. We also provide fliers to presenters and participants in the community resource fair to distribute to their networks. Our data collection has shifted from paper evaluations to a QR code, allowing attendees to provide online feedback on the sessions. Presenters and resource fair participants receive a gift bag with snacks, bottled water and a thank-you card and gift, usually written and created by our student leaders. We provide pizza for the volunteer student leaders and dinner for presenters.

Leveraging Student Talent

We try to involve students in the event wherever possible. Peer counseling programs from across the district provide student leaders to serve as room hosts, introduce speakers, direct attendees to classrooms and pass out programs. Peer counselors at each of the schools receive extensive training and recognize their significant responsibility to educate other students and our community.

One of these students, who is a survivor of a suicide attempt, has presented at Mental Health Matters the past few years, even returning from college to share her story and discuss the importance of education around suicide prevention. Other high school students participate by designing the Mental Health Matters logo, manufacturing presenter gifts, printing marketing materials and distributing fliers to local businesses to

advertise the event. By engaging so many different segments of our community, we've been able to open dialogue about a huge variety of mental health issues facing our youth.

We've also added the Peer Summit, which provides a daylong training for student peer counselors. This involves many of the same Mental Health Matters community partners, who educate the student peer counselors on a variety of mental health topics they can use at their schools. Breakouts and teambuilding throughout the day create opportunities for collaboration among seven different high schools. Past themes have included suicide prevention, school safety and stress management. We are committed to the reality that community mental health education must include and be driven by the students affected by it.

Several years ago, one of our student leaders brought a parent to us who was trying to decide which Mental Health Matters sessions to attend. With tears in his eyes, the parent said, "One of the kids who committed suicide was our neighbor. I haven't talked to my son about it because I don't know how." We were able to direct him to a couple of sessions, and at the end of the night, his gratitude was overwhelming. We were struck by how many people, especially outside of our field, simply need the education and resources to engage in these conversations. Too often our communities and schools have limited the conversation about mental health to students and parents in treatment centers. A proactive, community-centered approach allows us to remind students and families that being mentally healthy is just as critical as being physically healthy, and we give them the tools and resources to address their mental health. Our hope is that Mental Health Matters continues to be an engaging, evolving event for the Fort Collins community for many years to come.

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Complementary Collaborators: School Counselors and School Nurses

By Robin Cogan, RN, and Jeanne Kiefner, RN, NJ-CSN



When students suffer from anxiety and stress at school, they often head directly to the school nurse's office to address physical symptoms. However, this addresses only part of the issue. When school counselors and school nurses collaborate in an intentional way, students – and the school community – reap the benefits.

School counselors and school nurses are at the epicenter of the concerns students bring to school every day, from increasing gun violence in schools and communities, threats to undocumented families, the opioid crisis, homelessness, hunger, racism, transportation barriers, chronic absenteeism and academic struggles to mental health crises and adverse childhood experiences (ACEs). School counselors and school nurses function in a hidden behavioral health care system that has been widely misunderstood.

Mental health concerns occupy up to 35 percent of school nurses' time and are often masked as physical complaints such as headaches and stomachaches, according to [a 2015 article in *Psychology in the Schools*](#). As students struggle with anxiety, depression, ACEs and toxic stress, school nurses are perfectly positioned to support overloaded school counselors. Nurses often know exactly who those struggling students are because they see them on a regular basis for multiple complaints and concerns. Why not be more intentional about creating connections between specialties to support both the students and staff?

Just like school counselors, school nurses have expert assessment skills but also have few tools and limited resources, and they often operate under unrealistic school-nurse-to-student ratios. According to the *Psychology in the Schools* article, school nurses spend up to 35 percent of their time addressing mental health issues in children and adolescents because up to 20 percent of students suffer from bullying, anxiety, stress, depression and similar concerns.

The roles of the school counselor and school nurse are complementary, and we function concurrently to support a student's ability to optimize learning.

Creating a Safety Net

Building a coalition between school counselors and school nurses would create a safety net for our most complex and challenging students, while benefiting the whole school community. The collaboration between school counselors and school nurses, who neither discipline nor grade students, creates safe spaces for students at school. Both are guided by the principles of confidentiality and work within the [Whole School, Whole Community, Whole Child \(WSCC\) model](#) from the Centers for Disease Control and Prevention and the Association for Supervision and Curriculum.

Healthy students are better learners, and this includes physical and social/ emotional health. School counselors and school nurses can jointly manage students' burgeoning needs by creating a built-in referral system for care coordination. Our roles may overlap at times, but open lines of communication can smooth out any confusion.

One overarching goal is promoting student success in growing toward independence. Collaborating within the WSCC model, school counselors and school nurses can support youth and adolescent growth and development. Early intervention can identify issues and trends that may affect students' ability to learn and flourish. A trauma-informed approach opens communication by asking students to reflect on "What's happened to you?" versus "What's wrong with you?" Using this inquiry with a calm and soothing tone can open a discussion that may have been previously blocked or denied.

Collaborative Opportunities

How can school counselors and school nurses work best together? How can we support each other's overburdened caseloads? In a perfect school day, how would it feel to be on the same team? What would a seamless referral system look like if we could design our own that met the FERPA/HIPAA requirements?

When looking to collaborate as a school counselor/school nurse team, many typical scenarios in students' lives bear consideration. For example:

- Family transitions can affect students – divorce, separation, death of a parent or caregiver and pet
- Parent unemployment
- Homelessness
- New sibling
- Food insecurity, hunger on the weekends
- Co-parenting, student living between several households
- Abandonment
- School phobia
- School violence/fear of school shootings
- Bullying, including cyberbullying
- Loneliness and/or new to the school

Schools must be safe havens for our students, families and communities. School counselors and school nurses can work together to help guide school districts that are grappling with how to address school violence and care for the students with the most challenging health and social needs. Building connections and promoting healthy relationships and communities is the link between home and school with the child at the center.

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Legal and Ethical Issues in Referrals to Mental Health Providers

By Carolyn Stone, Ed.D.

Scenario: When students need outside therapy, you always refer them to one particular counselor in the community, who came to your attention when a parent raved about the help he provided her incorrigible teenager. You routinely give out just his contact information for students with similar problems. You have given little thought to the fact that he was not on the district's vetted list for outside therapists. Are there any legal and ethical issues with the way you make referrals?

In *Smith vs. The School Board of Orange County, Florida* (1994), the parents of 14-year-old K.W. sued the school district because a school counselor was required to give a list of multiple district-approved resources and allegedly gave only one resource, Ron Markham. Markham ran an outpatient treatment center licensed by the Department of Health and Rehabilitative Services, but his name was not on the school district's approved list nor was he licensed for in-patient care. K.W.'s mother immediately had misgivings when Markham insisted he be given 24-hour custody of her child and sought more information from a school employee, who said if the school counselor thought Markham was "okay" then he must be "okay." Unknown to K.W.'s mother and

apparently to the school counselor, Markham “placed” K.W. in his own home, and for two-and-a-half months sexually abused her.

The Florida Court of Appeals dismissed the complaint, but a dissenting justice issued the opinion that the case should have been allowed to proceed to a jury trial. “The foreseeability of K.W.’s injury – sexual battery by Markham – is a jury issue. In my view, the school had at least a threshold duty to make a referral only to ‘approved’ programs. ... Further, K.W.’s mother’s specific inquiry about Markham, after meeting him, should also have triggered a follow-up by the school counselor, which was not done in this case.”



The *Smith* case underscores these principles:

- It is best practice to always give multiple resources and never just one resource.
- If a district provides a list of resources, it should be basic information that the resource is currently licensed or certified by the state licensing board. Other basic information might be provided such as whether the resource uses a sliding-fee scale so parents can make an informed financial decision.
- When districts don’t provide a vetted list and school counselors have to develop a list on their own, it should include a disclaimer stressing that the list isn’t exhaustive nor is it an endorsement.
- Schools need to advise parents to check references and current licensure themselves and to discontinue the relationship if they feel there is something troubling or ineffective about the counseling or counselor.

Arlington Public Schools (Va.) provides a model disclaimer for their vetted list of resources: “This list is of known providers of a particular service. The providers on the list are from a variety of sources. The list is being provided as a courtesy, for information only, and the user should understand that no assurances or guarantees regarding the providers on the list are being made by providing this list. Arlington Public Schools neither endorses, approves, nor recommends any specific provider listed below. This list is not inclusive of all community agencies, services or organizations that provide the particular service, and the omission of an agency, service or organization from this list does not imply disapproval. It is the responsibility of the user of this list to determine whether any of the content is of value to them and whether or not the agency, service or organization meets their specific needs.”

ASCA’s Ethical Standards for School Counselors drive home the point: “School counselors provide a list of resources for outside agencies and resources in their community to student(s) and parents/ guardians when students need or request additional support. School counselors provide multiple referral options or the district’s

vetted list and are careful not to indicate an endorsement or preference for one counselor or practice. School counselors encourage parents to interview outside professionals to make a personal decision regarding the best source of assistance for their student.”

You are a school counselor in a rural community with very little community-based counseling and social services support. In addition to being the school counselor at the only K–8 school, you and your wife are two of the few licensed counselors in the community. Can you provide outside counseling to your own students and/or refer them to your wife?

School counselors need to avoid dual relationships such as this. If it’s not possible to do so, you must minimize the risk of harming your student/school counselor relationship. It is not a valid argument to say you must provide the service or the student will not receive help. It is a conflict of interest to serve as your students’ outside counselor or to refer them to your spouse. It is a serious problem when the community offers few options for counseling, but this doesn’t mean a dual relationship is appropriate. According to the ASCA Ethical Standards for School Counselors, section A.6.h. Appropriate Referrals and Advocacy, “Ensure there is not a conflict of interest in providing referral resources. School counselors do not refer or accept a referral to counsel a student from their school if they also work in a private counseling practice.”

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Unified Mental Health Teams

By Tracy L. Jackson, Ph.D.



Despite prevalent youth mental health concerns and teen suicide, there is hope for students when school districts play a large part in assisting school counselors with mental health issues, suicide prevention and education.

After a student suicide in Loudoun County Public Schools, a suburb of Washington, D.C., stakeholders cried out for more help. A willing school board listened and developed a plan to better meet student needs. With the

support of our superintendent and under the direction of an assistant superintendent, we created a unified mental health team approach.

Aligned with multitiered systems of support (MTSS), these teams systematically deliver a range of interventions based on demonstrated levels of need to students in grades six through 12. To meet all students' needs, the district hired additional school counselors and assigned a full-time school social worker and school psychologist to each of the county's 33 comprehensive middle and high schools. The district also implemented evidence-based programming and resources for all stakeholders to help students build better coping skills.

The Unified Model

Loudoun County Public Schools' unified mental health teams are made up of school counselors, school social workers, school psychologists, school nurses, student assistance (drug and alcohol prevention) specialists, special education deans, administrators and school resource officers. Our school-based teams meet monthly to review data and discuss Tier 1 programming interventions. School-based teams may discuss Tier 2 and Tier 3 interventions within this meeting; however, separate meetings are encouraged. Schools are tasked with annual team training, creating a Tier 1 action plan and completing a self-assessment or inventory based on plan completion and implementation.

Our central office Mental Health Collaboration Team includes the supervisors of each of the areas and the supervising directors. This team meets monthly to discuss what is occurring at the schools, share outcomes of biannual site team visits, brainstorm solutions for any concerns that arise and plan professional development opportunities. An unexpected outcome has been enhanced collaboration efforts between school-based and central office mental health personnel.

How It Works

High school counseling directors serve as coordinators of the site-based teams – all teams are housed in the school counseling office. School counselors serve as a kind of general practitioner, referring students out to Tier 2 supports (small-group counseling, check-in/check-out, peer mentoring) or Tier 3 supports (individual counseling, restorative conferences, reentry support and wrap-around services) when needed. At the middle school level, school counselors share this duty with administrators, as they are divided into "houses" or "teams."

Students with suicidal ideation are screened at each school by a member of the team. The results of the screening determine the level of supports needed. Students returning from a mental or physical health absence are placed into a re-entry protocol. This protocol ensures that parents and members of the unified mental health team provide extra care for the student during the transition back to school.

Tier 1 Supports

Our school counselors on the Tier 1 system planning teams provide classroom instruction and presentations to promote healthy social and emotional understanding and skills for all students. The school counseling program exposes students to bullying prevention, stress, anxiety and depression topics.

Other members of the Tier 1 system planning team provide presentations addressing depression awareness and suicide prevention to ninth graders at each high school, with booster sessions given to upperclassmen. The goals are to:

- decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression
- encourage personal help-seeking and/or help-seeking on behalf of a friend

- reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment
- engage parents and school staff as partners in prevention through “gatekeeper” education
- encourage schools to develop community-based partnerships to support student mental health

We implement restorative practice in the form of circles to strengthen relationships between individuals. Many teachers have started to hold weekly circles in their classrooms to form social connections within their class and school community.

Our school division also uses two student programs that engage students as peer mentors. One program increases help-seeking behaviors and promoting connections among peers and caring adults. In the other program, specially trained and supervised peer helpers provide outreach services to students who need assistance with individual or school problems. The groups may focus on specific areas such as bullying, healthy relationships, crisis management, conflict resolution, substance use, mental health, suicide, special needs populations, child abuse and community outreach efforts. The helpers also act as liaisons between the school’s student body, teachers and administration and serve as positive role models.

Our schools have invented their own mental health and wellness fairs – all-day events run for and by students in the building. Students and student groups showcase their mental health awareness games and/or activities, ranging from walking on the track to shooting free throws, from mood rings to painting rocks for the school’s rock garden. While old favorites like yoga and bracelet making still draw big crowds, the students appreciate new and innovative ways to engage with positive mental health and wellness activities. The mental health collaboration team has also created a parent and community symposium that brings together public and private mental health providers, school-based personnel and other community.

Tier 2 and Tier 3 Supports

Our Tier 2 and Tier 3 planning and problem-solving teams are led by school social workers, school psychologists and student assistance specialists. At the Tier 2 level, these members of the Unified Mental Health Team ensure that students are using the small groups, progress reports, peer mentoring and peer tutoring programs. On the Tier 3 level, team members provide individual counseling, incentive charts and attendance and behavioral contracts.

Lessons Learned

One challenge we’ve experienced is working through changes in school leadership. New administrators and school counseling directors may require additional training or support from districtwide mental health collaboration teams. New school counselors, school social workers and school psychologists also need training in unified mental health team protocol –they are the school-based mental health professionals who really drive the teams.

It is also important to recall that everyone moves at a different pace. Each school has its own culture, and all administrators have their own leadership style. Some schools will progress faster and some will need more support. If your district does not follow MTSS, you will need to think about how a unified mental health team could fit into your existing model. The backing and support of your stakeholders and your school board are essential. Their support can move your initiative and program exponentially. Hiring additional staff and reducing school counselor ratios were key to our district’s vision for this team.

Finally, note that new initiatives may equate to more data collection. It comes with servicing students in this time of accountability and fiscal responsibility.

The biggest gains from our Unified Mental Health Teams include openness with students about mental health and wellness and awareness of the ways these teams support the ASCA National Model. Most students now

know how to recognize signs of anxiety and depression in themselves and others. They are no longer afraid to seek help for themselves or let a trusted adult know a friend needs help. Mental health and wellness are becoming accepted terms in our students' vocabulary as they become integrated into a lifestyle.

These teams have opened the door for greater conversation and dialogue among school-based mental health experts. A better understanding of disciplines and a shared understanding of roles have emerged. This is a professional shift and a huge benefit for our students, as we can accomplish more together. Remember, there are no finish lines in developing strong mental health and wellness habits. We should all work on positive mental health and model it for our students.

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Integrating Services for Safe and Successful Schools

By ASCA and a Coalition of Education Associations



Creating safe, orderly and welcoming learning environments is critical to educating and preparing all of our children and youth to achieve their highest potential and contribute to society. School counselors, school psychologists and school social workers all offer unique individual skills that complement one another so that the sum is greater than the parts. When given the opportunity to work collectively, they are ready and capable of providing an even wider range of services.

Many professionals within a school help to support students' positive mental health and serve in critical leadership roles in school safety and positive school climate. Although many school-based professionals contribute to positive mental health and social/emotional learning, school-based mental health teams traditionally consist of school counselors, school psychologists and school social workers. Their training and expertise help link mental health, behavior, environmental factors (e.g., family, classroom, school, community), instruction and learning. Each of these professionals helps to create school environments that are safe, supportive and conducive to learning. Each may deliver similar services such as counseling, social/emotional

skill instruction and consultation with families and teachers; however, each profession has its own unique focus based upon its specializations, which result in different, albeit interrelated, services. The specific services and expertise of individual practitioners may vary, but the following describes the core competencies and specialized instructional services of each profession.

SCHOOL COUNSELORS have a minimum of a master's degree in school counseling. School counselors are generally the first school-employed mental health professional to interact with students as they commonly are involved in the provision of universal learning supports to the whole school population. School counselors help screen students for the basic skills needed for successful transition from cradle to college and career. These professionals focus on helping students address their academic, career and social/emotional development goals and needs by designing, implementing and evaluating a school counseling program that promotes and enhances student success. School counselors work to promote safe learning environments for all members of the school community and regularly monitor and respond to behavior issues that affect school climate, such as bullying, student interpersonal struggles and student-teacher conflicts. Effective school counseling programs are a collaborative effort among the school counselor, teachers, families and other educators to create an environment promoting student achievement, active engagement, equitable access to educational opportunities and a rigorous curriculum for all students.

SCHOOL PSYCHOLOGISTS have a minimum of a specialist-level degree (60 graduate semester hour minimum) in school psychology, which combines the disciplines of psychology and education. They typically have extensive knowledge of learning, motivation, behavior, childhood disabilities, assessment, evaluation and school law. School psychologists specialize in analyzing complex student and school problems and selecting and implementing appropriate evidence-based interventions to improve outcomes at home and school. School psychologists consult with teachers and parents to provide coordinated services and supports for students struggling with learning disabilities, emotional and behavioral problems, and they assist students experiencing anxiety, depression, emotional trauma, grief and loss. They are regular members of school crisis teams and collaborate with school administrators and other educators to prevent and respond to crises. They have specialized training in conducting risk and threat assessments designed to identify students at risk for harming themselves or others. School psychologists' training in evaluation, data collection and interpretation can help ensure decisions made about students, the school system, and related programs and learning supports are based on appropriate evidence.

SCHOOL SOCIAL WORKERS have a master's degree in social work. They have special expertise in understanding family and community systems and linking students and their families with the community services that are essential for promoting student success. School social workers' training includes specialized preparation in cultural diversity, systems theory, social justice, risk assessment and intervention, consultation and collaboration, and clinical intervention strategies to address students' mental health needs. They work to remove barriers to learning created as a result of poverty, inadequate health care and neighborhood violence. School social workers often focus on providing supports to vulnerable populations of students that have a high risk for truancy and dropping out of school, such as homeless and foster children, migrant populations, students transitioning between school and treatment programs or the juvenile justice system, or students experiencing domestic violence. They work closely with teachers, administrators, parents and other educators to provide coordinated interventions and consultation designed to keep students in school and help their families access the supports needed to promote student success.

Modern schools are highly complex and unique organizations that operate with an urgent imperative: Educate and prepare all children and youth to achieve their highest potential and contribute to society, no matter their socioeconomic background or geographic location. Creating safe, orderly, warm and inviting school environments is critical to ensuring all of our schools meet this goal. To create this type of environment, schools must work toward integrating services (academic, behavioral, social/emotional and mental health)

through collaboration using multitiered systems of support. Schools should strive to increase access to mental health services, increase the number of school-employed mental health staff and ensure measures to improve school safety balance physical safety with psychological safety.

This article is modified from [“A Framework for Safe and Successful Schools.”](#) co-authored by ASCA, the National Association of School Psychologists, the School Social Work Association of America, the National Association of School Resource Officers, the National Association of Elementary School Principals and the National Association of Secondary School Principals. [Access the full report](#)