

Practical Considerations to Starting a School-Based Mental Health Program and Expanding to Include Substance Misuse

1. Start slow and strategically. There is a nationwide shortage of mental health professionals. This is even worse for the child and adolescent populations.
 - a. Prioritize grade levels
 - b. Chose schools that are more likely to have administrative/staff buy-in
 - c. Schools with necessary infrastructure
 - i. Private meeting space
 - ii. Telephone and computer access
2. Your school administration needs to trust their partnering behavioral health organization because schools are not behavioral health subject experts.
 - a. Quality of services, including national accreditation.
 - b. Collaboration with school staff
 - c. Public relations- this includes County Commissioners/County Executive
3. Behavioral Health entity should be able to bill for services
 - a. Will free the program from dependency on uncertain grant renewals
 - b. An indicator that the entity has a certain level of administrative competency
 - c. Allowances for students who are unable to pay due to lack of insurance or need for confidentiality
4. FERPA does not equal HIPAA
 - a. Independent agencies are not bound by FERPA parent notifications or disclosures to school
 - b. Students can self-refer (emancipated minors) at age:
 - i. 16 for mental health services
 - ii. Any age for substance use services
5. Messaging about signs of student behavioral health problems and services provided to:
 - a. Staff
 - i. Teachers
 - ii. Guidance counselors
 - iii. School nurses
 - iv. Vice Principals
 - v. School resource officers
 - b. Parents
 - c. Students (we see both self-referrals and referrals from peers)
6. Consider the addition of substance use counseling (integrated behavioral health therapy) at the middle and high school levels.
 - a. In some cases, the primary referral is for substance misuse
 - b. Adolescents with mental health problems are at greater risk for substance misuse
7. Consider intimate partner violence education for middle and high school students in classroom settings (For your county- https://phpa.health.maryland.gov/mch/Pages/IPV_Programs.aspx).
 - a. 22% of victims of IPV are 11-17 years old at the time of the first episode.
 - b. Maryland YRBS: 1 out of every 6 girls <16 years old who had begun dating reported that they were forced into a sexual act.
 - c. Many other students have been exposed to domestic violence in their homes

Benefits

1. Helps teachers with students who have disruptive classroom behavior
2. May improve academic achievement by decreasing school absences and improving classroom concentration
3. May decrease disciplinary actions
4. Many adolescents with undiagnosed mental health problems will self-treat with alcohol or other drugs
5. Removes most traditional barriers to students receiving behavioral health care
6. Can lead to family counseling